

# CHEMIST & DRUGGIST

the newsweekly for pharmacy



*Mentha Piperita*

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# CHEMIST & DRUGGIST

113th year of publication Vol. 197 No. 4809

The newsweekly for pharmacy

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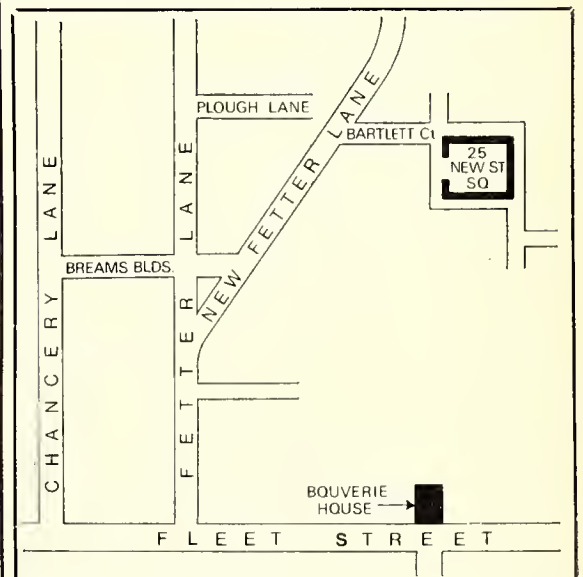
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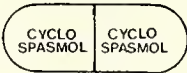


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# BMA reluctant about more legal control of barbiturates

Barbiturates and similar sedative/hypnotic drugs should not, at present, be added to the list of drugs to be controlled under the Misuse of Drugs Act 1971 the British Medical Association said this week.

The BMA board of science stated in its annual report that although such drugs must be regarded as dangerous drugs it anticipated practical difficulties in implementing regulations and control. There was a dearth of knowledge about the size of the problem.

The board recommends that studies into the use and misuse of barbiturates and sedatives be urgently commenced by the Department of Health.

The board wants the question of adding those drugs to the list of drugs controlled under the Act to be reviewed in two years' time when more information is available.

Last year's BMA representatives meeting urged the inclusion of barbiturates in the schedules to the Act.

A further recommendation from the board this week is that medical practitioners are issued with a digest about misuse and addiction to drugs with advice on the voluntary restriction of the prescribing of those drugs.

□ A recent estimate stated that more than 1,040m barbiturate tablets or capsules and 472m non-barbiturate sedatives were consumed annually in this country.

## NHS committee seeks views

The NHS Staff Advisory Committee, which is to formulate arrangements for the transfer and appointment of staff to new authorities under the NHS reorganisation, is now prepared to receive the views of trade unions, professional bodies and associations of employing authorities who are concerned with those directly affected by the reorganisation.

Those wishing to submit views are asked to give notice of their intention not later than May 19 and to ensure that ten copies are received by the Secretary to the Committee not later than June 16. They should be addressed to The Secretary, National Health Service Staff Advisory Committee for England, 53 Parliament Street, London SW1A 2NH.

## Chemical traders looking to Europe

The British Chemical & Dye-stuffs Traders' Association anticipates many calls for assistance from its members when the UK joins the Common Market. To assist in this the Association has put forward suggestions to other Common Market countries that a small working office in Europe should be established disseminating relevant information by Telex.

This was one of the points made by the Association's outgoing chairman, Mr G. H. Outram, at the annual meeting in London recently.

Officers elected to serve in the ensuing year include president, Mr G. S. Bache; vice-president, Mr D. F. Waugh; and chairman, Mr R. A. Pargiter.

## NPU seek a publicity man

The National Pharmaceutical Union is to appoint a publicity officer. This was announced by Mr D. N. Sharpe at the "open day" for South London members at Mallinson House, recently.

The appointment is to be made partly because the recently formed NPU publicity committee envisages the start of a continuous programme of public education of the importance of general practice pharmacists to the community.

## Aspirin makers accused

The US Federal Trade Commission is to ask three manufacturers to carry out "corrective" advertising following its challenge of some of their claims for aspirin, according to reports.

The main complaint is said to have concerned claims of superiority over other products in which aspirin is also the prime ingredient.

# C&D ARE MOVING



CHEMIST AND DRUGGIST moves to a new "home" at 25 New Street Square, London EC4A 3JA on Monday, May 15.

Bouverie House, Fleet Street, "home" of Benn Brothers Ltd since 1926, has become too small for the group's growing number of business journals and directories and the head office in future will be at 25 New Street Square, only 300 yards from the old "home".

*Chemist and Druggist Directory* and the *Chemist and Druggist Quarterly Price List* will also be published from the new address.

The telephone number remains 01-353 3212 but during the period of the move callers may be asked to dial another number. We apologise for any inconvenience which is unavoidable.

## Our new address:

The Editor

**CHEMIST AND DRUGGIST,  
25 NEW STREET SQUARE,  
LONDON, EC4A 3JA.**



## Chancellor urged to reconsider VAT changeover

The National Chamber of Trade is urging the Chancellor of the Exchequer to reconsider the transitional arrangements for retail and other stocks during the changeover to value added tax.

In a memorandum to the Chancellor the NCT says: "The proposals contained in section 27 of the White Paper 'Reform of Corporation Tax' will do little, if anything, to give relief to traders in respect of stocks which have borne purchase tax and which, if unsold when VAT is introduced, will attract VAT as well. Neither will the proposals prevent the disruption of the even flow of supply of goods from the manufacturer to consumer.

"The result of the transitional period is likely to be the opposite to what is intended, warns the NCT. Instead of a smooth transition from pre-VAT to post-VAT there could be a distortion of supply and demand which could be harmful.

"So far as many small retailers are concerned the effect could be ruinous. The only way by which the suggested transitional arrangements could be effective would be for the Government to repeal or suspend the Re-sale Prices Act."

The memorandum continues: "If the Government is not prepared to take such action then we urge that in the interests of justice and the economy, retailers be allowed some form of rebate in respect of purchase tax paid on goods in stock on March 31, 1973."

### Small firms

The Chamber applauds the Chancellor's declared intention to implement the tax reforms advocated in the Report of the Committee of Inquiry on Small Firms. It notes with approval the decision to mitigate the hardship to Close Companies that might result from the introduction of the Imputation System for Corporation Tax.

In fulfilment of the Government's promise, it urges the Chancellor to amend the Finance Bill to incorporate the following recommendations contained in the Report of the Committee of Inquiry on Small Firms:

☐ That close companies should be allowed to elect, by unanimous decision of the shareholders, to be taxed as partnerships.

☐ That estate duty relief of 45

per cent afforded by Section 28, Finance Act 1954 should be extended to the net trading assets (including goodwill) of all trading companies.

☐ That retirement relief from capital gains tax be raised from £10,000 to £20,000.

**The first clause of the Finance Bill, introducing VAT, was approved by Parliament on Tuesday by 232 votes to 200.**

## Chemist's wife 'handed out' Sodium Amytal

A Greenock businessman, Mr Edward Eden, was jailed for 10 years in Glasgow High Court this week for plying his wife with Sodium Amytal, or other similar drugs, with intent to murder her.

Mr Eden said in evidence that a woman called at his home in October with pills for his wife who had hurt her back.

He said the woman was from "the pharmacist".

Mr James Milligan, advocate depute, suggested the woman was "a complete invention".

Mr Eden denied it and claimed the woman said the pills were "relaxants" and that his wife could take as many as six at a time.

Mr Eden said that shortly before the woman brought the pills, he had obtained Sodium Amytal capsules as he had had an upset stomach.

Mrs Annie Knox, 55, wife of a chemist in Port Glasgow, told the jury that she supplied drugs in capsules to Mr Eden without a prescription.

She said that Mr Eden was the manager of a launderette next door to her husband's chemist shop. She recalled an occasion last October.

"He came in and asked if I could oblige him with some Sodium Amytal capsules," Mrs Knox said.

Mr Eden had come into the dispensary in the back shop and he did not say for what purpose he wanted the capsules or if there was anything specifically wrong with him.

"I presumed, when he named the capsule, that he was in the habit of getting them and that



A narrow escape for the premises of R. V. Campbell, 1 Belfast Road, Bangor, Co Down. A bomb explosion at a nearby factory blew out the shop window but the chemists was soon back in business following repairs and a speedily painted message as seen in the picture

he would sort it out with Mr Knox, with a prescription later on", Mrs Knox said. "He did not say he would bring a prescription. I only presumed it."

Mrs Knox said that she gave Mr Eden a dozen Sodium Amytal capsules. They were available in two sizes—60 and 200 milligrammes.

She gave him the larger size and left a note for her husband telling him that she had supplied the capsules.

Mr Hugh Morton, advocate (defending):

"You know, don't you, that Sodium Amytal is a drug that people misuse?"

"I did not think of it that way. I thought of it as a drug used as a sleeping capsule," she replied.

Mrs Knox said she knew perfectly well that she should not hand out prescription drugs without getting a prescription. She should have asked Mr Eden about a prescription.

"I should have, but I'm sorry I did not," she added.

Dr Robert Kennedy, the family doctor, said in evidence that Mrs Eden came to see him in October last year.

"She had some capsules in her possession and she was somewhat perturbed about the way she had acquired them."

Dr Kennedy said that at first sight the capsules appeared to be Sodium Amytal. They looked longer than normal, as if they had been "topped up" with something.

Mr Eden said the capsules had been delivered to the house by a woman in a brown coat from a pharmacy—but he did not know from which one.

## 'Sanpro' advertising on TV

The first use of television advertising for a sanitary protection product begins in July when Lilia-White (Sales) Ltd start a three month campaign for their Lil-let tampons.

This television advertising follows over six years of negotiations between Lilia Whites advertising agents, David Williams and Ketchum, the Independent Television Companies Association and the British Bureau of Television Advertising.

Mr Patrick Goodison, a director of David Williams and Ketchum told C&D: "About a year ago it became known that the ITA had decided to permit a test campaign on one station only for a sanitary protection product which, clearly, would involve the co-operation of a manufacturer and an established product."

Following a test film made in early 1970 and a number of subsequent treatments, all complying with ITA's requirements as to content and approach, the version that will be screened on Thames Television in July, August and September will include references to the product's unique "widthways expansion" and "absorbency".

To verify public response, the BBTA, acting for the ITA, will carry out sensitivity measurements and audience acceptability research via National Opinion Polls.



## Another fluids scare

Swift action followed reports about more bacterially contaminated intravenous fluids last week. After a patient suffered a reaction during the administration of 5 per cent dextrose at the Kettering and District General Hospital phone calls were made to 25 hospitals, mainly in the South-east, and to two wholesalers by the Department of Health asking that the batch concerned be withdrawn from use.

The bottles were manufactured by Travenol Laboratories Ltd and within two days Sir Keith Joseph, Secretary of State for Social Services, was able to say that there was no evidence that any fault lay with the manufacturer. The solution had been examined by the Public Health Laboratory Service and found to be contaminated.

Travenol Laboratories were able to supply records indicating where the batch of 7,000 bottles had been distributed.

Hill's Pharmaceuticals Ltd, Nelson, Lancs, had received 84 bottles and had accounted for them all the following day and Hyde & Entwistle Ltd, Co Antrim, Northern Ireland, were supplied with a small consignment which they also were able to recover from three hospitals.

The batch had passed the test for sterility laid down in the British Pharmacopoeia and other quality control tests, although the first sample used in testing had revealed the presence of bacteria. No contamination was found in subsequent tests.

## Identification symposium

Presumptive identification of tablets and capsules from their physical characters is to be one of the topics at an international symposium in Pont à Mousson, France, on June 30 and July 1, 1973.

The symposium will also deal with positive identification and the use of physico-chemical methods, and the manufacture and marking of tablets. It is organised by Professor Larcan from the Nancy Poisons Centre and the "Internat en Pharmacie".

Included on the organising committee is Mr C. MacArdle of Birmingham General

Hospital who has carried out pioneering work on tablet identification systems.

Those interested in attending or wishing to present a paper should contact J. F. Lorentz and Ph. Valantin, Centre Anti-Poison, Centre Hospitalier Régional, 54 Nancy. Official languages are French and English with simultaneous translation.

## Council acts on EC10 quantities

The Council of the Pharmaceutical Society is to seek a meeting with the British Medical Association to discuss statistics indicating that at least 25 per cent of NHS prescriptions were for quantities corresponding to more than four weeks' supply of medicine. At the same time the Society's proposals for a redesigned prescription form will be raised. The decision to seek a meeting was agreed by the Council following a recommendation by its Practice Committee.

## Koscot talk with DTI

Counsel for Koscot Interplanetary (UK) Ltd, Nottingham, and an associated company, Koscot AG, which the Department of Trade and Industry are seeking to have wound up, disclosed in the High Court on Monday that there had been negotiations with the DTI.

Mr Ashe Lincoln, QC, for the companies, told Mr Justice Brightman, explaining a delay in completing evidence in answer to the Department's allegations, that there had been negotiations and if these were successful it was hoped that matters about which complaint had been made would be put right and the petitions withdrawn.

The judge stood the petitions over for another week for further progress to be made with the evidence.

The actual hearing of the petitions has been fixed for June 13.

## Congratulations

Miss M. Burr and Mr H. Steinman have completed 25 years service on the Council of the Pharmaceutical Society of Great Britain. Mr. W. M. Darling (president) congratulated and thanked them at the May Council meeting, for "having given so much to pharmacy that was beyond the duties demanded of a member of Council".

# COMPANY NEWS

## CIBA-Geigy's Ilford plans

Ilford Ltd, wholly owned subsidiary of CIBA-Geigy is to become the chief centre of operations for the Swiss group's photographic division, according to Dr L. von Planta (senior vice-president).

The group's photographic division increased sales by only 2 per cent last year to 382m Swiss francs (£38.5m). The small rise was largely due to restructuring of the group and the sale of Ilford's Zonal and Britannia works.

## Macarthys gain accountant award

Macarthys Pharmaceuticals Ltd received last week one of the two 1972 Accountant annual awards for the report and accounts which Macarthys presented last September. The form and contents of their annual report together with those of British Petroleum, the other winners, were judged best out of 1,260 submitted.

## Weston sell a subsidiary

Weston Pharmaceuticals Ltd have sold off their subsidiary, Weston Senior, for £91,825 cash to Combined English Stores Group Ltd.

Net assets of Weston Senior at February 28 were £56,966 and profits before tax for the year to the end of February, £32,805.

## NCR's VAT seminars

A series of seminars on value added tax conducted by National Cash Register Co Ltd received last week one of parts of the country have already topped the 100-mark.

The NCR team of speakers usually give three talks over a 1½-hour session, covering the general background to VAT, systems implications of the tax and its effects on mechanised accounting. Where possible, the talks and discussions are followed by practical demonstrations of VAT invoicing and accounting systems.

## ICI order analyser

The pharmaceuticals division of Imperial Chemical Industries Ltd has recently ordered an SMA 12/micro system manufactured by Technicon Instruments Ltd, Basingstoke. It is the first to have been sold to the pharmaceutical industry in Great Britain.

The system automatically and simultaneously analyses individual samples for 12 separate tests. Its use at ICI will be in the biochemical analysis of blood samples derived from animals used in toxicological investigation of new drugs, and from subsequent clinical evaluations.

## British firms' export drive

Jackel & Co Ltd are making their biggest ever export drive.

Graham McConnochie, managing director, is off to Australia, New Zealand and the Far East; Colin Taylor, marketing director, has left for Canada and the United States, while Chris Willott, company European salesman, will be making trips throughout many European countries.

Aerosols International Ltd: Mr John Clewer, managing director of the company is to visit America this month to study the market and search for new business.

Accompanying Mr Clewer on his 15-day trip will be Mr Denis Trist, AIL's technical director.

## Appointments

Farley's Infant Food Ltd have appointed John Coates (27) as their assistant product manager. He was previously Yorkshire area sales executive for Farley's.

British Dyewood Co Ltd: Dr Thomas Currie, research and development director of the company retired on May 5 after just over 25 years' service. He is succeeded by Mr Arthur W. Silver, BSc, who has been his deputy.

Menley & James Laboratories, division of Smith, Kline & French Laboratories Ltd: Mr Martin Jennings has been appointed to the newly created position of sales manager for the division's proprietary operations in UK and Eire.



# PEOPLE



**Mr R. F. Armbrust** one of the popular lecturers to the International Pharmaceutical Conference held in Brighton last week (see p 680) owns three pharmacies in the Netherlands and is head of a group co-operative wholesaler (OPG) in which all retail pharmacists in the country are members. The wholesale company which was visited by the Institute's work-study party in 1968 has grown two-and-a-half times since then and owns a gamma-radiation source for sterilising which, as Professor A. M. Cook who chaired the meeting at Brighton said, was only found in very large companies in England.

Mr Armbrust is pharmaceutical adviser to at least five hospitals and presides over a committee for the reorganisation of the Royal Netherlands Pharmaceutical Society, as well as being a member of a number of health societies.

His expertise in all sectors of pharmaceutical affairs in the Netherlands is matched by his knowledge of wines, particularly the red ones obtained from France.

**Mr Reg Claxson**, who represents Thomas Kerfoot & Co Ltd in Essex, Kent, Cambridge, Norfolk and Suffolk, has been admitted to Southend General Hospital for a hip-joint operation. Customers may maintain contact with the company during his absence (expected to be six weeks) by telephoning 061-330 4531.

**Mr John D. Davidson** of Coupar Angus, Perth, has just completed 50 years as a member of the Pharmaceutical Society and 56 years in the family business. At Davidson's pharmacy in the town, Mr Davidson still attends his customers.

Previously he received a solid

silver casket presented to him by Coupar Angus on his retirement after 22 years as provost.

His father started the business in Blairgowrie in 1898. In 1926 he opened a branch in Coupar Angus, and Mr Davidson moved there to look after the shop.

## Deaths

**Fair:** On May 2: Mr Robert James Fair, MPS, 46 Hallamshire Road, Sheffield 10. Mr Fair qualified in 1937.

**McCloy:** On April 30, Mr George McCloy MPSNI, The Diamond, Kilrea, co Londonderry. Mr McCloy qualified in 1943 after serving his apprenticeship at J. Reid, 43 Mill Street, Ballymena. He was a representative in Northern Ireland for Allen & Hanburys Ltd, 1945-48 and subsequently, till his death, ran a pharmacy at The Diamond, Kilrea.

## NEWS IN BRIEF

□ Thieves stole a large quantity of drugs, including arsenic, strychnine and opium, from the pharmacy of J. B. Duncan, 716 Pollokshaws Road, Strathbungo, Glasgow last week. They entered the shop after breaking into an empty flat above and smashing a hole through the roof.

□ Very little use is being made of a prescription collection and delivery service which began in Bury St Edmunds on February 8, 1972, according to information received by the West Suffolk Executive Council. The scheme is designed to serve the Howard and Mildenhall estates in the town.

□ Mr Wolfgang Ehrlich, managing director of Schering Chemicals Ltd, recently switched on the first live program of the company's computer. The computer will be used for market research and certain types of medical research, apart from "bread and butter" administration items.

□ The Post Office has made available a new air letter which opens out to standard A4 stationery size. On thicker, heavier paper the cost is £0.06½.

□ In the report on the Royal Society of Health congress (C&D, May 6, p 651) we mentioned a Mr Frank Green, a London pharmacist, we should have referred to Mr Frank Brean of Bellenden Road, SE15.

# Topical reflections by Xrayser

## Conventions

On the introduction of NP labelling a few weeks ago, I asked for guidance in the matter of the labelling of a preparation which had been diluted to provide a dosage of one 5ml spoonful. In such conditions it was manifestly impossible to label it as the original preparation prescribed by the physician. I have no reason to think that I was alone with the dilemma presented, and I note that the matter has had the attention of the general practice subcommittee of the Society's Council.

The statement issued in the report of the April meeting of Council goes some way towards answering that question, but it seems to me to raise others. The report refers to NP labelling as a "convention", which I assume means no more and no less than agreement between the parties concerned. But in the matter of the labelling of a diluted medicine, the statement says that "it would be appropriate" to indicate that the bottle contained, for example, "Linctus . . . 50 per cent". The statement goes on: "This would indicate to the prescriber that the preparation had been diluted in accordance with the accepted convention."

I had been under the impression that dilution was something more than a mere convention. Official instructions issued in 1969 laid down that part-doses were always to be dispensed to a full 5ml if 2.5ml was ordered. Reference was made to "appropriate dilution" as detailed in the BPC. I consulted that volume to discover that such preparations *should* be diluted. The BNF, on the other hand, says they *will* be diluted. (One might have expected *shall*, but one's expectations are not always fulfilled.)

The situation is not helped by the Practice Committee intimating that the pharmacist would dilute the preparation "on his own initiative." What does initiative mean? Do we now please ourselves?

### Professional dignity

Mr W. A. Beanland's contribution to the area conference at Blackpool was of importance in several ways, but particularly in its expression of concern over the impression created on the public by the appearance of the premises. I can remember, in a few pharmacies, the dignity—I had almost said the austerity—of the window containing little other than carboy and specie jar, and while that might not have had great sales potential, it left no doubt whatsoever that the purpose of the business was to supply the pharmaceutical needs of the community.

Even in the changed circumstances of today, if we are to convey that same important message, we must still strive to look both distinctive and professional.

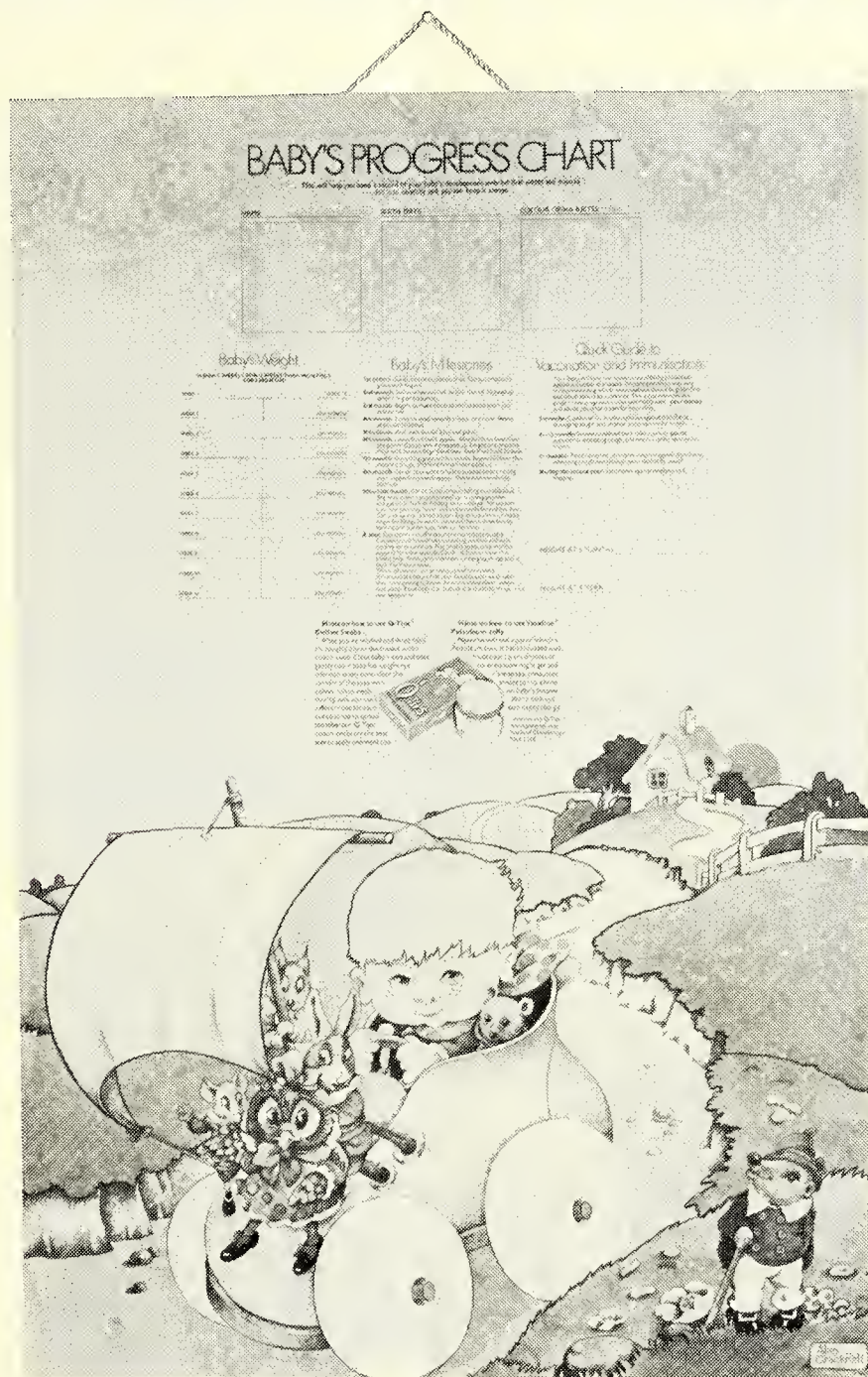
### Obscurity

But what do we find? I recently came across, in a dignified street in a small and apparently prosperous town in the Home Counties, an extraordinary establishment, the windows of which were so plastered with cut-price notices as to render the identity of the business more than a little obscure.

The goods on sale were such as might be bought anywhere and sold by anyone. But there was one small notice on the door, amongst many others, indicating that that particular shop was not quite the same as those by which it was flanked. It intimated that prescriptions left in the box would receive attention—an invitation I for one should have had considerable hesitation in accepting.



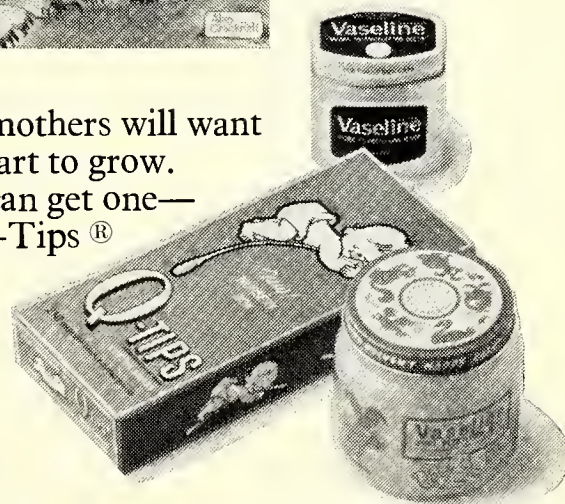
# There's a growing demand for this free offer.



In the first year babies grow quickly.  
To help follow their babies development, all mothers will want this baby Progress Chart from the moment they start to grow.  
National advertising will tell them how they can get one—simply by buying Vaseline® Petroleum Jelly or Q-Tips® Cotton Swabs, products all babies need.

Vaseline Petroleum Jelly is now in a new, easy to handle, plastic pack and Q-Tips is the fastest growing brand in the cotton swabs market.

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## Berk Representatives mean business!

BERK Representatives do not make "Courtesy Calls" or just "look in while in the neighbourhood." They know how busy you are. The BERK Representative gets down to business. He calls to keep you informed about important developments in our range of speciality products and to encourage your wider use of BERK Economy Brands to meet the large volume of "open prescriptions."

The BERK Representative means friendly service, regular calls, outstanding speciality products, quality Economy Brands and better business. BERK Representatives work for us but they take their orders from you.

Approved Name	Berk Brand Name	Presentation	Packs
Bendrofluazide tablets BP	<b>BERKOZIDE</b> ®	Tab 2.5 mg & 5 mg	100 & 1000
Erythromycin tablets BP	<b>ERYCEN</b> ®	Tab 250 mg	100 & 500
Imipramine tablets BP	<b>BERKOMINE</b> ®	Tab 10 mg Tab 25 mg	250 & 1000 200 & 1000
L-dopa tablets	<b>BERKDOPA</b> *	Tab 500 mg	100 & 500
Methyldopa tablets BP	<b>DOPAMET</b> *	Tab 250 mg	250 & 1000
Nitrofurantoin tablets BP	<b>BERKFURIN</b> ®	Tab 50 mg & 100 mg	100 & 1000
Oxytetracycline tabs/caps BP and syrup	<b>BERKMYCEN</b> ®	Tab & Cap 250 mg Syrup 125 mg/5 ml	100 & 1000 500 ml
Penicillin V tablets BP	<b>ECONOPEN</b> ® V	Tab 250 mg	100 & 500
Phenylbutazone tablets BP	<b>FLEXAZONE</b> ®	Tab 100 mg Tab 200 mg	250 & 1000 250
Quinidine sulphate tablets BP	<b>AURIQUIN</b> *	Tab 200 mg & 300 mg	100 & 500
Tetracycline tabs/caps BP	<b>TETRACHEL</b> ®	Tab 250 mg Cap 250 mg	100 & 1000 100 & 500
Tetracycline mixture BPC		Syrup 125 mg/5 ml	500 ml
Tetracycline hydrochloride BP with nystatin BP tablets	<b>SILTETRIN</b> *	Tab 250 mg	100



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# NEW PRODUCTS AND PACKS

## Over-the-counter medicinals

### Bruise eraser

Leeds United's Cup success and league near-miss in the past week have provided a valuable platform for the launch of Cheb's bruise eraser, which has been tried out by members of the team and is specifically recommended by full-back Terry Cooper.

Presented as a tube of cream (£0.40), Cheb's bruise eraser was developed by pharmacist Mr. S. Z. Jackson and Dr Hans Fisher and contains heparin 5,000 units, glycol salicylate 10 per cent and cetrimide 0.1 per cent in an emulsifying base.

Practically odourless, it is said to spread smoothly and on massage penetrates well without leaving a sticky film. It does not cause discomfort or burning to the hands of the massager. The act of massage produces a rubefacient effect, heating the skin and increasing the blood circulation to the area. When massage is used with the bruise eraser, the ingredients are claimed "to reduce inflammation and disperse the substances which have collected in the muscle which cause the pain. The muscles become relaxed, returning to their fit condition."

The cream is also said to disperse bruises and quickly and effectively reduces the pain of the bruising.

Write ups on the use of the product by the Leeds team have recently appeared in *Football Pictorial* and the *Sunday Times* (Ford Jackson & Co (Sales) Ltd, 129 Church Street, Castleford, Yorks).

## Veterinary

### Brucella elimination

A new diagnostic reagent to help in the current British scheme to eradicate brucella from cattle has been announced by Wellcome Reagents.

The reagent, *Brucella abortus* Rose Bengal Antigen, is used in a rapid slide test and is said to be carried out easily in the field and in the laboratory to detect brucella infection, giving faster results than the tube agglutination tests.

It is available in a 4ml pack, with

dispenser, which provides sufficient reagent for 100 tests (Wellcome Reagents Ltd, Beckenham, Kent BR3 3BS).

## Dietary

### La Vosgienne fruit drops

Provençal Food Merchants have been appointed UK agents for La Vosgienne fruit drops, which are made from sugar glucose and are in eight flavours. All are presented in 2½oz tins (£0.12) and four flavours also in 4½oz tins (£0.24) (Provençal Food Merchants, PO Box 9, 25 Lower Square, Isleworth, Middlesex).

## Cosmetics and toiletries

### Three-second nail repair

Repair a broken nail in three seconds is the claim made for Mavala's product, Refix (£0.83), currently being sold.

It is in the form of an adhesive transparent film which "breathes" and so can be left on the nail while it grows out. It is said not to be affected by the washing of hands and can be used over nail polish. It is also suggested that the film can be applied as a preventive measure to protect against damage. The product is presented in a compact folder, each pack containing film for 24 nails.

Mavala has also introduced Double Lash (£0.83) in 3cc bottles which is designed to feed the roots of lashes to encourage growth and thickness, and is applied like mascara. It is an oily formulation and said to be harmless and non-staining (Mavala Laboratories Ltd, 48 High Street, Horley, Surrey).

### Vivelle mousse

Vivelle of London have introduced Skin Mousse (£0.33), a pale blue hand and body lotion for dry skins which is presented in a 155cc bottle (Fassett & Johnson Ltd, 19 Radford Crescent, Billericay, Essex).

### Orlane's MW fragrance

Orlane have introduced a perfume, MW—"created by Man for today's Woman", presented in a chunky rectangular bottle with a similarly-shaped cap.

The perfume is available in ¼oz (£3.50), ½oz (£5) and 1oz (£8) sizes and the Eau de Toilette in 2oz (£2.25), 4oz (£3.50) and 7½oz (£5.25) bottles. This month the 1oz Eau de Toilette atomiser will be given away with each MW purchase and afterwards will retail at £1.40. To promote the fragrance, racing driver Jenny Dell will be behind the wheel of the MW Vauxhall Firenza in the Castrol Production Saloon Car Championship (Sirex Ltd, 125 High Holborn, London WC1).

### Payot sun preparations

Payot have launched three more sun tan products, Creme Ultra Solaire (£1.15) in a 2½oz plastic tube, especially recommended for children's delicate skins as it contains an ultra-strong filter, a pale bronze milk Bronze Parfait (£1.15) in a 95cc plastic bottle for dry skins with moisturisers to prevent flaking and Huile Solaire (£1.15), a fine colourless oil lightly scented with lavender which acts as an insect repellent and also comes in a 95cc plastic



bottle (Payot Ltd, 139a New Bond Street, London W1).

### New from Ricci

The latest creation of Robert Ricci is Bigarade, now available under the Nina Ricci label. This Eau de Toilette (£1.75) contains the essence of bitter orange and is "aimed at the sophisticate" (Parfums Nina Ricci, franchise division, Shulton (Great Britain) Ltd, Trevor House, 100 Brompton Road, London SW3).

### Adorn hairspray

Gillette have launched Adorn hairspray nationally following test market in the Midlands and Lancashire. This brand is claimed to be a more concentrated formulation than similar products, which combined with a reduced size valve aperture, makes only half the normal amount necessary for the same holding power. There are three variants in the 160g aerosols available: dry, greasy and normal (Gillette Industries Ltd, Great West Road, Isleworth, Middlesex).



## PROMOTIONS

### Simple Albion offers

Until June 1, the Albion Soap Co are running a combined trade and consumer offer. The public can buy three banded Simple hand size soaps for 7p off and a flashed single tablet of Albion milk and sulphur skin soap for £0.07. Stockists are offered discounts of 5 per cent on one parcel of goods over £5, 7½ per cent on two parcels of goods over £10, 10 per cent on three parcels of goods over £15 and 12½ per cent on four parcels of goods over £20 (Alcos Distributions Ltd, 30 Thames Street, Hampton, Middlesex).

### Cutex Carousel

A rotating display unit which occupies one square foot of space has been introduced for the Cutex range of products. The 2ft 6in high unit, comprising three shelves for nail polish, lipsticks sections with testers and at the base, space for Blinkers shades and Cheekychops is said to return profit in excess of £19 per square foot of display area (Chesebrough-Pond's Ltd, Victoria Road, London NW10).

### Holiday in America

Robinsons of Chesterfield are offering a holiday in America to the value of £800 as the first prize for their Nikini competition, plus £200 to the winner's stockist. The questions are all directed towards

America as well as a tie breaker which is in the form of a greetings message from the top of the Empire State Building, while every entry must be accompanied by two Nikini pad pack wrappings or the pack from one garment.

The competition will be publicised in advertisements in *Woman*, *Woman's Own*, *My Weekly*, *Jackie*, *Valentine*, *Mirabelle*, *Romeo*, *Loving*, *She*, *Woman's Story*, *True Romance*, *Honey* and *Annabel* and will be seen by an estimated 90 per cent plus of women of menstrual age. Entry coupons will be included in the advertisements and will also be available in leaflet dispensers displayed by stockists (Robinson & Sons Ltd, Wheat Bridge Mills, Chesterfield).

### Polaroid advertising

Polaroid are mounting a large television campaign for their Super Swinger camera, totalling over 273 million spots, along with full pages in the *Sunday Times* and *Reader's Digest* for Square Shooter 2, described as the lowest-priced instant colour picture camera on the market (Polaroid (UK) Ltd, Rosanne House, Welwyn Garden City, Herts).



The display unit for the new Old Spice stowaway packs (see C&D, May 6). A similar merchandiser with different head-board is available for the Burley range of toiletries for men

## ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire  
Y = Yorkshire; Sc = Scotland; WW = Wales  
and West; So = South; NE = North-east; A =  
Anglia; U = Ulster; We = Westward; B =  
Border; G = Grampian; E = Eireann; CI =  
Channel Islands.

Anadin: NE

Astral: Ln, M, Y, Sc, WV, NE A, B, G

Close Up: All except E

Dry Action Shield: Ln, Lc, Y, So, NE, A

Elnett Sa'in: All except E, CI

Gillette Techmatic: All areas

Harmony hairspray: All except E

Hedex: All except U, E

Liquid Radox: All except U, E

Polaroid sunglasses: All areas

Polaroid Super Swinger cameras: All areas

Pond's cold cream: NE

Q-Tips cotton swabs: NE

Reban: All except E

Sunsilk hairspray: All except E

Sure: All except E

SR: All except E

Tegrin medicated shampoo: So

US bath additive: All except U, E

Wilkinson Sword blades: All except E

Wisdom: All except E

Yardley mini sprays: All except E

Cutex Colour Schemers: Ln, M, Lc, Y, Sc

Feel Free: All except E

Foot Guard: So

Maric Moments: Sc

Right Guard: All except E



## 10 good reasons for displaying new look Tubifoam...



Chiropodists everywhere use Tubifoam tubes for toe treatment and protection. Now, in new blister-packs, and a range of 5 sizes, inexpensive Tubifoam tubes are going to be best sellers for many other applications which don't need professional advice.

There's a big value-for-money 12" length of Tubifoam in every pack, ready for your customers to cut off the exact amount they need each time.

Tubifoam holds itself in place and offers all round protection. It is ideal, not only to relieve pressure and prevent chafing, but also for covering tender or bruised fingers and toes.

Display the new Tubifoam packs prominently – and watch your sales increase.

Ask your usual wholesaler – or write direct to us,

### BATEMAN-JACKSON

Tubiton House, Medlock Street, Oldham, Lancs.  
Tel. 061-652 2222 Grams 'Tubiton' Oldham

A member of the **Seton** group

Distributors of Seton Specialised Surgical Dressings and Appliances.



...and heré's 10 moré!



# TRADE NEWS

## Mary Chess acquired

Mary Chess Ltd, the toiletries company, has been acquired from its American owners by Mr Bob Patterson, formerly general manager of Molyneux and Harriet Hubbard Ayer, who has been joined by Mr Ted Goodfriend as sales director.

The range of hand packed products will be supplied to a selected number of accounts throughout the UK and on the Continent. It is stressed that the company, to be known as Mary Chess, London, is "completely" English and all the manufacturing will take place in this country.

## Colour Schemers

Forty-eight different colour combinations, either matching or complementary, are said to be possible with the Cutex Colour Schemers.

This is a combined display and selling idea, comprising four new nail opaline nail shades, Shocking Pink Schemer, fuschia coloured Blueberry Schemer, wine/cranberry Wineberry Schemer and Bittersweet, a rusty orange. Each of these is schemed with a choice of four lipsticks, of which two are new—Wineberry Schemer and Bittersweet.

The theme is emphasised in a merchandising unit, now available from representatives, which includes a tester for each lipstick. In addition, heavy consumer Press and television advertising is scheduled by Chesebrough-Pond's Ltd, Victoria Road, London NW10.

## Suffix dropped

Hoechst Pharmaceuticals, Hoechst House, Salisbury Road, Hounslow, Middlesex, are dropping the suffix "60" from Synadrin 60. This is because there is no longer a 15mg strength of the product.

The change takes place immediately in advertisements and literature; packaging will be affected as soon as new stocks come through. Since the product remains otherwise identical there is no need to exchange existing stocks.

## Contact lens kits

Smith & Nephew Pharmaceuticals Ltd, Bessemer Road, Welwyn Garden City, Herts, have introduced a new range of their standard Trio-Kits (£1.87), contact lens kits. The new version comes in black, white, red or brown.

## Limmits additions

The Limmits range of meal replacement biscuits now totals 26 with the introduction of the latest four varieties all presented in three-meal packs.

The new varieties are digestive (£0.25) with four biscuits and 280 calories to a meal, waffles with lemon or chocolate

(£0.30) and four waffles and 300 calories per meal and Cheese and Onion savouries (£0.27) at five biscuits and 220 calories per meal. Makers are Unicliffe Ltd, Unimart House, Stonar, nr Sandwich, Kent.

## Minitone muscle stimulator

Slendertone (Sales) Ltd, 12 Baker Street, London W1 are introducing Minitone (£33.50), an electronic muscle stimulator with body accessories (£5.25 extra) designed to firm sagging muscles and maintain blood circulation. At the moment the product is on restricted distribution to selected department stores throughout the country but it is possible that distribution may be widened within six months.

## Outdoor Girl colours

To complete their summer "40s" look, Outdoor Girl have introduced three new matching lipsticks and nail enamels—Clear Red, Fireglow (an orangy red) and Cherry Blaze (dark pink). The "look" is explained in a consumer leaflet and illustrated on a headboard attached to a counter display unit. From Myram Picker Ltd, Hook Rise, Kingston By-pass, Surbiton, Surrey.

## Maybelline lashes

Maybelline have introduced two new lash styles (£0.65), Eyeflyers "a combination of the natural and tendril look" and Lower 'n Lower, extra long lower lashes. Both are available in black or brown, and are made from real hair with a thin backing and adhesive that dries transparent. Supplies are obtainable from White Laboratories, Penarth Street, London SE15.



# Bonus offers

M. Beetham & Son Ltd, Glendouran Laboratories, Keynshambury Road, Cheltenham GL52 6HD. Glycerine & cucumber complexion milk, Glycerine & white lilac complexion milk, Glycerine & larola complexion lotion, Glycerine & rosewater complexion lotion, 12 invoiced as 11 (until May 27).

Fassett & Johnson Ltd, 19 Radford Crescent, Billericay, Essex. Rosedale 127g and 200g Lanospray aerosols: 18 invoiced as 12 on minimum order six dozen; 110cc shampoo: 30 invoiced as 24 on minimum order two dozen assorted; 280cc family shampoo: 14 invoiced as 12 on minimum order 24 doz assorted; 110cc creme rinse: 15 invoiced as 12; 250cc herbal bath bottle: 14 invoiced as 12; 25cc herbal bath sachets: 42 invoiced as 36; 250cc pine bath bottle: 14 invoiced as 12; 210cc splash Cologne and lavender water: 12 invoiced as 11;

New shower foam: 14 invoiced as 12; Vivelite: New skin mousse: 14 invoiced as 12. John Bell, Hills & Lucas—Frador and Fradogel: 12 invoiced as 11. 12 invoiced as 10 on minimum order three dozen. Nestle LeMur—Nestle Lite: 12 invoiced as 11; 14 invoiced as 12 on minimum order 24 dozen (until June 30).

Ford Jackson (Sales) Ltd, 129 Church Street, Castleford, Yorks. Cheb's bruise eraser. Introductory bonus 12 charged as 11.

United Chemists (Ucal) Ltd, Ucal Works, Cheltenham, Glos, GL52 6HD. Ucal indigestion lozenges, 36, Ucal iodised throat lozenges, 45. 12 invoiced as 11 (until May 27).

# PRESCRIPTION SPECIALITIES

## ALUPENT obstetric injection

**Manufacturer** Boehringer Ingelheim Ltd, Isleworth House, Great West Road, Isleworth, Middlesex

**Description** Ampoules for intravenous infusion each containing orciprenaline sulphate 5mg in 10ml isotonic solution, with sodium edetate 0.05 per cent and sodium metabisulphite 0.01 per cent

**Indications** The management of patients in premature labour

**Contraindications** Maternal thyrotoxicosis or cardiovascular disease. It is not indicated in the management of threatened abortion

**Dosage, etc** See data sheet

**Pack Of** 5 ampoules (£1.40 trade)

**Supply restrictions** P1

**Issued** May 15, 1972

## ULCEDAL capsules

**Manufacturer** Boehringer Ingelheim Ltd, Isleworth House, Great West Road, Isleworth, Middlesex

**Description** Maroon capsules each containing deglycyrrhizinised extract of liquorice 450mg (with not more than 3 per cent of glycyrrhizic acid)

**Indications** The treatment of peptic ulcer

**Dosage** Adults only: 1 or 2 capsules five times daily

**Notes** Concurrent antacid therapy may be considered necessary initially

**Pack Of** 100 (£2 trade)

**Issued** May 15, 1972

## VENTOLIN Spandets

**Manufacturer** Allen & Hanburys Ltd, Bethnal Green, London E2 6LA

**Description** Sustained release Spandets with a pink layer and a white matrix layer, each containing salbutamol 8mg

**Indications** Bronchial asthma, chronic bronchitis and emphysema

**Dosage** Adults: One Spandet night and morning. May be increased to a maximum of four in any 24 hours in more severe cases. Children: (over 12 years) one Spandet every 12 hours

**Precautions** Care should be taken with patients with hypertension, myocardial insufficiency or thyrotoxicosis. Should not as a rule be prescribed with beta-blocking drugs

**Side effects** Fine tremor of skeletal muscles in some patients

**Pack Of** 50 (£1.95 trade)

**Supply restrictions** P1, S4B

**Issued** May 15, 1972



# HAIR CARE

## Relaunch of Cream Silk and Clinic

Two Elida re-launches are scheduled for mid-May—Cream Silk and Clinic.

Cream Silk, claimed the brand leader in the cream rinse section of the conditioner market, is now available in a new variant—Cream Silk for damaged brittle hair with body-building protein. Elida's research shows that 30 per cent of all women use a conditioner at some time, whilst 16 per cent use a conditioner once a week. There is therefore a clear indication of the potential growth prospect of the conditioner market. Research has also proved that conditioners are used for two reasons. The first is to control unmanageable hair and the second to build up and restore damaged hair.

The new Cream Silk formulation in a pink/beige colour is to answer the needs of the second group of users and potential users. The current formulation of Cream Silk becomes Cream Silk for difficult fly-away hair with natural protein. It still retains the light green pastel colour.

Both Cream Silk bottles have been re-designed to give a more cosmetic appeal with shades of cream, beige and brown being used throughout the packaging.

£50,000, said to be the largest expenditure for a conditioner, will be spent on advertising during the first year.

Recommended retail prices are: sachet £0.04½ and bottle £0.17.

To coincide with the relaunch of Clinic medicated shampoo in two new variants, Clinic for the first time comes under the Elida banner.

Twenty-five per cent of all women nominate a medicated shampoo as their usual choice of brand, and yet of these only 6 per cent have a real dandruff problem. Again Elida have found that two distinct groups of people use a medicated shampoo—the younger women who regard healthy hair as the basis of beautiful hair, and the older family-orientated type, more interested in the hygiene of the family than in fashion. A high proportion of men come into this category.

Once these target groups had been identified, Elida developed Clinic's two new variants—Cream Beauty Clinic and Deep Health Clinic. Cream Beauty Clinic is an opaque, creamy light blue formulation—unique for the UK medicated shampoo market, whilst Deep Health Clinic is clear and dark blue. The packaging also takes on a new image with the addition of two "biological sex symbols", whilst the slogan "Healthy hair is beautiful" appears on both packs.

Advertising in women's magazines



starts at the end of May. There will be a full range of display material and special trade bonuses will operate.

Recommended retail prices are: sachet £0.03, standard bottle £0.15½, and family size £0.27. All available from Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1.

## Beecham leaders

In 1971 sales of shampoos totalled almost £19m, an increase of £2.4m on the 1967 figure, and there is every indication that this growth pattern will continue. Yet one manufacturer alone, Beecham Products, claims to hold almost a third of this market with its three leading brands—Vosene, Silvikrin New Naturals and New Bristow's.

Research has shown that almost 50 per cent of all women in the UK suffer from "dandruff". Of these, 10 per cent suffer from severe dandruff and consequently seek products with a "treatment" claim or use prescribed brands. The remainder look for a shampoo suitable for the whole family which will both prevent dandruff and keep their scalps clean and healthy. This is the area in which Vosene continues to dominate.

The active ingredient, SBU185, has been proven, both clinically and by increasing consumer demand, to be an effective combatant against the yeast *Pityosporum ovale* which lives on the scalp and is believed to be a cause of dandruff.

In the "cosmetic" sector, Silvikrin is one of the two leading "popular priced" brands, and is currently offered with a consumer saving of 4p on economy and 2p on the standard bottle sizes.

An illustration of Beecham's confidence in their New Bristow's shampoo and conditioner-in-one, is the £1m advertising and promotional backing given to the product launch. A new product concept, it gained immediate consumer acceptance, and has already achieved a market position only marginally below that of the two market leaders.

The recent 13 million £0.04 coupon dis-

tribution carried out in conjunction with the second-stage launch advertising programme, is expected by Beecham to establish New Bristow's as a firm brand leader in the total market in the near future.

## Anti-fade added

Nutress Laboratories have introduced a new version of Thicken Hair with a special anti-fade to help maintain hair colour, which is liable to bleaching not only by the sun's ultra-violet rays but also by strong office lighting. The product helps combat colour loss with an ultra-violet filter which in no way alters the product's setting, thickening and conditioning action.

In two sizes—21-cc phial (£0.17) and 100-cc bottle (£0.47) Thicken Hair with anti-fade is available for immediate delivery from Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland.

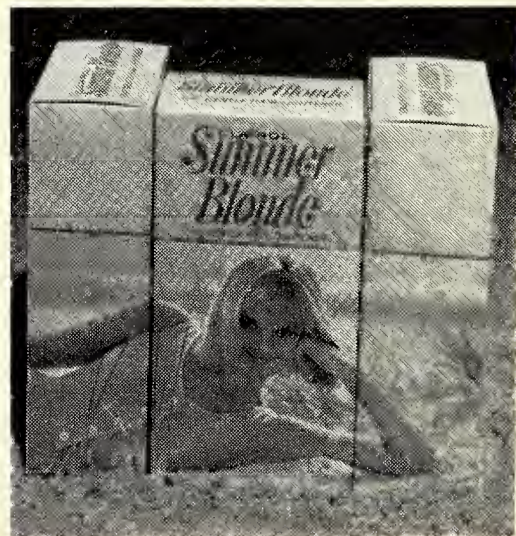
## New Summer Blonde

Two strong consumer-orientated promotions are currently being run by Bristol-Myers on Clairol products.

Packs of Summer Blonde, Clairol's shampoo-in lightener, currently carry an "8p-off" sticker which reduces the recommended retail price from £0.45 to £0.37. This promotion coincides with the introduction of a new pack which, while still carrying the attractive "Blonde on the Beach" design of the original pack, is now reduced in width to take up less valuable shelf space but made taller for maximum point-of-sale impact. Such a substantial saving to the consumer is expected to encourage purchase by new users.

There is also a current consumer promotion to encourage purchase of Nice 'n Easy colourant, and sampling of the new Nice 'n Easy hairspray. All purchasers of Nice 'n Easy colourant who send up the flaps of one carton with a completed form (distributed at point of sale) will be mailed a coupon entitling them to 20p off Nice 'n Easy hairspray.

All purchasers of Nice 'n Easy colourant who send up two proofs of purchase will be mailed a coupon redeemable against a 210g Nice 'n Easy hairspray valued at £0.40. This attractive consumer offer closes on June 1, 1972, and this date is printed on the point-of-sale leaflets.





Advertiser's announcement

# JOHNSON and JOHNSON BAND-AID\* Plasters Holiday Supplement

## The market

Unlike other major profit and growth areas of the trade, the first-aid dressings market is not widely fragmented. Basically two major manufacturers, Johnson & Johnson Ltd and Smith & Nephew Ltd, compete for an annual consumer expenditure of £3.4 million at RSP. That was the figure in 1971, though if the market expands at the predicted rate, sales are likely to be well ahead of this figure in 1972.

Basically, the market is divided into three distinct sectors, broken down as follows:—

First aid dressings market	% Sterling value
Individual washproof dressings	56.3
Individual fabric dressings	20.1
6in and 1yd strip lengths	23.6
	100.0

Johnson & Johnson Ltd, with their range of BAND-AID\* Plasters, now have over 50 per cent of the individual washproof dressings sector.

Their launch of BAND-AID\* Washproof Plasters in this country not only prompted growth in the market as a whole but helped raise the washproof sector to its current market position.

This is how things stand at the moment, but the important question from the pharmacists' point of view is, where is the market going in the future?

Obviously up, but in what areas?

It seems that the washproof sector has not yet reached saturation level. Major manufacturers like Johnson & Johnson Ltd are pouring substantial amounts of money into promoting this sector by means of powerful advertising campaigns and consumer and retailer incentive schemes. It seems likely that this is the area in which any major growth is to be seen.

But the middle sector of the market, strip lengths, is also showing distinct signs of growth. The reason is quite simple.

Until recently strips were left lagging far behind, while the individual dressings sector raced ahead with the introduction of washproof plasters.

But it seems the public want strip dressings, though not necessarily at the expense of individual dressings.

In 1970, Johnson & Johnson Ltd, launched the first one-yard washproof dressings strip, which featured a non-adherent covering over the dressing pad,

and quickly gained good distribution through chemist outlets. The product is now growing steadily in what had been traditionally a fabric-dominated market.

In the coming months, the total development of the first-aid dressings market is likely to be very interesting, as a result

of research undertaken by major manufacturers into the market and its trends.

## Getting your share of the market

With all the developments going on within the market, and the potential growth of the market as a whole, how do you make the most of it?

Obviously, you stock the brand leaders and take account of the promotional work each manufacturer is doing. Johnson & Johnson are leaders in the washproof field, a fast-growing sector in the market, and this year they're putting more money and thought behind their BAND-AID\* Plasters than ever before. That's one reason why you should stock BAND-AID\* Plasters. Secondly, there's profit, and that's a big word in anyone's language. In the first-aid dressings market, it is bigger than most. BAND-AID\* Plasters, for example, give a basic profit margin of 29 per cent which compares favourably with many of the other traditional items on your shelves.





# Mr. and Mrs. Higgins and family brought back a few things they didn't pay for.

Dad did a violent samba, and pulled some muscles he didn't know he had.

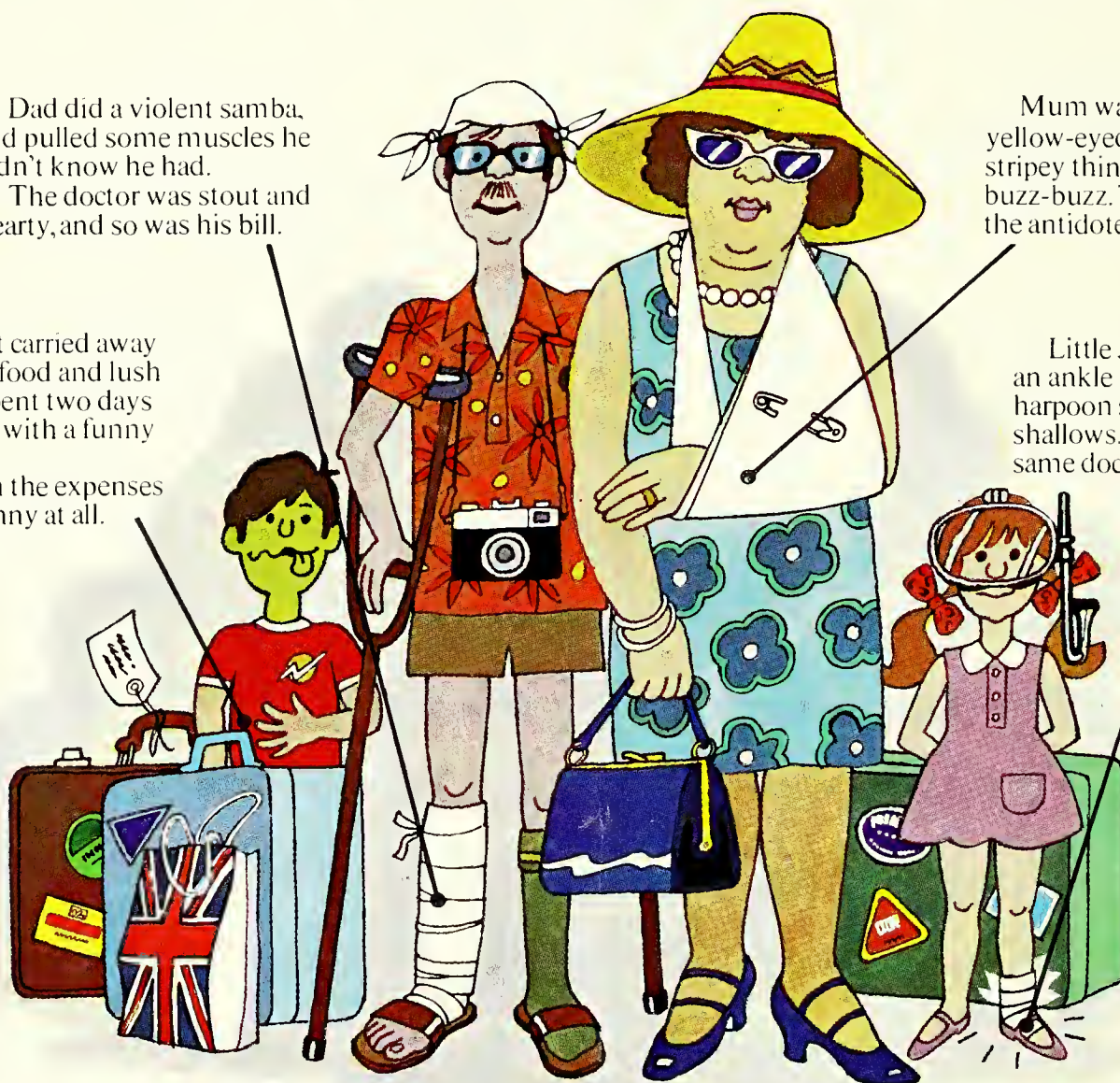
The doctor was stout and hearty, and so was his bill.

Billy got carried away by the sea-food and lush fruit. He spent two days in hospital with a funny tummy.

Though the expenses weren't funny at all.

Mum was stung by a yellow-eyed, green-tailed stripey thing that went buzz-buzz. The price of the antidote stung, too.

Little Jane sprained an ankle while trying to harpoon sharks in the shallows. She had the same doctor as dad.



Luckily the pack of BAND-AID Plasters mum bought at home had a special offer of free family holiday insurance.

As a family they were covered for personal accident (up to £500), medical expenses (up to £100), and loss of deposit (up to £50) as well.

Lots more holiday-makers are going to want the cover the Higgins family had. So make sure you stock plenty of BAND-AID Plasters this summer. You can buy them in this neat counter display complete with leaflets from most chemist wholesalers.

© Johnson & Johnson LTD 1972





Advertiser's announcement

## Shelf allocation

Today, space is at a premium everywhere and especially in the chemist shop, so potential profit from any product has to be very carefully matched against shelf or counter space.

The best products to stock, therefore, are the brand leaders because they are the products that the public want, and because of that they will move faster off the shelves.

How do you make the most of them?

The important point to remember is that all first-aid dressings are almost entirely impulse purchases, so if the retailer is to get his fair share of consumer purchases, it is important that the products are displayed at a point where they are readily seen by his customers.

The best place, because of their size, is on the counter or above the cash register where they are in full view of customers waiting to be served.

To this end, Johnson & Johnson have produced three counter display stands which have been specially designed to make the very best use of the space they occupy.



## How are the major manufacturers helping you to sell more?

Well, firstly they have provided the products that sell and wherever possible they improve them. Johnson & Johnson are in the process, at this moment, of changing the adhesive on all BAND-AID\* Washproof Plasters to a new high-stick acrylic adhesive, specially developed to ensure a minimum of skin irritation.

At the same time, they watch developments in the market very carefully and where there is a gap they develop a product to meet the need. For example, Johnson & Johnson's recently launched one-yard washproof strip has quickly proved that there is a demand for this type of product and not at the expense of other sectors of the plaster market.

Secondly, they try to make it easy for people to use the product. All individual BAND-AID\* Washproof Plasters are individually wrapped and sterilised so that they are protected before they protect the wound. This means that you can keep BAND-AID\* Washproof Plasters anywhere you like—and they'll always be clean and sterile when you need them.

But now, to encourage product usage even more, Johnson & Johnson have added an assorted wallet pack to the range of BAND-AID\* Plasters. This assorted wallet pack features three attractive surface designs and retails at just 10p. It has been designed as an inexpensive handy pack for pockets and handbags, and results since its launch in September 1971 have been very encouraging. One of the main problems in product usage is that all too often when you cut yourself you don't have a plaster to hand. Johnson &

Johnson, realising this, have designed their packaging for BAND-AID\* Plasters to make it easy to carry one with you wherever you go.



In the coming months, Johnson & Johnson Ltd are running two incentive schemes—one for the chemist and one for his customers.

## Holiday Mileometer Competition

The BAND-AID\* Washproof Plasters Holiday Mileometer Competition is the trade promotion, which runs continuously until June and gives retailers the chance to win a fabulous holiday for two anywhere up to 12,000 miles away, depending on the number of "miles" of BAND-AID\* Washproof Plasters they buy.

The basis of the competition is that "miles" are allocated every time you buy a quantity of BAND-AID\* Washproof Plasters. Additionally, more "miles" can be had by taking one of the special display stands. At the end of the six months' promotion period, all the "miles" you've

bought are added up and the prizes awarded in three "zones"—up to 3,000 miles, 3,000-6,000 miles and 6,000-12,000 miles. Not only this, but two of the assistants who've helped each winning pharmacy get a prize, will each get a weekend for two in Paris. For the customers, there's a special promotion too.

## Holiday Insurance Scheme

All your customers who buy BAND-AID\* Washproof Plasters from the special counter display units that have been produced will be entitled to free holiday insurance valid anywhere in the United Kingdom, Eire or the Continent of Europe (subject to the usual conditions) during this summer under the BAND-AID\* Washproof Plasters Holiday Insurance Scheme.

The reason is to encourage more people to buy BAND-AID\* Plasters during this, the peak sales period. All they have to do is pick up a leaflet, fill in the details of their holiday and send off a BAND-AID\* Plasters wrapper, sales are expected to reflect this ingenious consumer offer.





## The Band-Aid® Washproof Plasters TV advertising campaign

In the coming months, more customers than ever are likely to be wanting BAND-AID® Washproof Plasters. The reason? A powerful new television advertising campaign designed to create high consumer interest at a time when first-aid dressings reach their normal seasonal sales peak.

Johnson & Johnson are using three new commercials which will be shown to 95 per cent of the target audience in major selected areas.

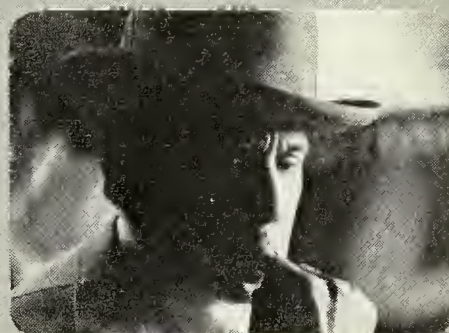
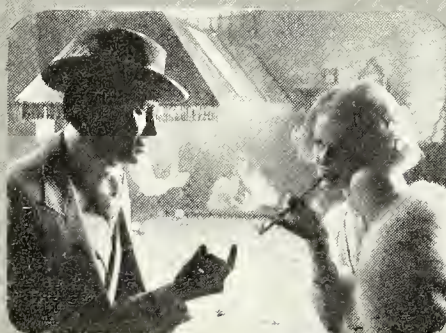
The theme of the campaign is "No matter where you are or what you are doing—carry a BAND-AID® Washproof Plaster".

These three 15-second situation commercials take a lighthearted look at some of the unlikely places and equally unlikely people who might use BAND-AID® Washproof Plasters, with all three majoring on the point that the plasters are protected themselves before they protect the wound.

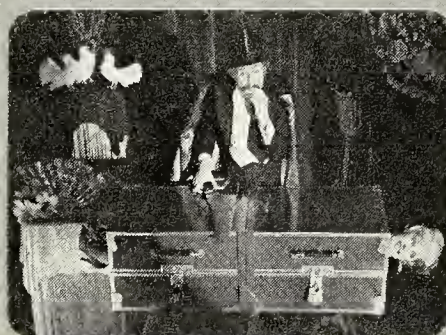
The support given by this planned promotion should give the plaster market its best sales record ever.

(\* Registered Trade Mark)

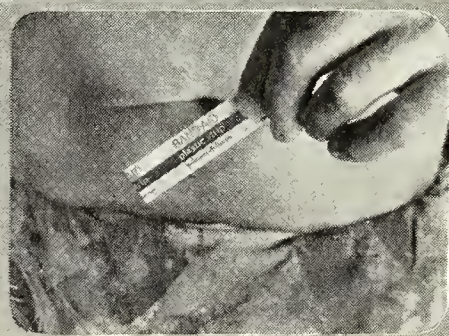
### BAND-AID Washproof Plasters 15 second commercial "GANGSTER"



### BAND-AID Washproof Plasters 15 second commercial "MAGICIAN"



### BAND-AID Washproof Plasters 15 second commercial "TARZAN"





# COMMENT

## Double quarter-century

"I can appreciate both the employer's and the employee's standpoints—I believe the successful future of pharmacy depends on the unity and co-operation of these two sections . . . I uphold an improved system of education provided it is directed to meet the requirements of and to benefit all engaged in pharmacy".

"We must be constantly alert to ensure pharmaceutical representation wherever pharmaceutical problems are likely to arise . . . refresher courses should be introduced on a national basis as soon as possible . . . Our minimum qualification should be such that when qualified the pharmacist can apply for, and hold down, any pharmaceutical appointment . . . Now is the opportune time for the Council to be building retail pharmacy up to its highest possible professional level. The pharmacist in his pharmacy can be as professional as any other pharmacist elsewhere."

Those quotes are from the Pharmaceutical Society Council election statements of 25 years ago—the first by Miss M. A. Burr, the second by Mr H. Steinman. Both candidates were successful in gaining places—and have remained in continuous service ever since, each achieving the office of president.

Congratulations on this record of service were expressed at last week's Council meeting, but the true record by which any member should be judged is of "results". Of course, no one member makes a policy, but it can be seen from the above election address extracts that both were keen to see the profession advance by educational improvements—and in that they have been singularly successful. The end of the "double qualification" came fairly quickly; refresher courses have taken much longer, and we are still fighting to achieve public recognition of the high "professional level" of the retail pharmacist. But the direction of movement can be seen, and we are sure that Miss Burr and Mr. Steinman have played no small part in its engineering.

Taking the lady first, the name of Mary Burr has become synonymous with the Society's benevolence activities

in recent years, and there are many among the membership who have had cause to be grateful for the feminine understanding brought to bear on their hardship. The highlight so far of her years on Council, being of course, the presidency in 1962-63—a year that saw publication of the report of the Committee on the General Practice of Pharmacy.

Miss Burr has also carried the torch of pharmacy far beyond Bloomsbury Square, through many years of high-rank in the British Red Cross Society and activity in her local community.

Harry Steinman has made a double contribution to pharmacy through his membership of the National Pharmaceutical Union Executive Committee and its chairmanship in both the silver and golden jubilee years. Always the champion of the single-handed pharmacist, he has worn the two "hats" as though they were one and Mallinson House has been left in no more doubt of the "ethics" of the profession than has Bloomsbury Square of its retailing background.

### Treasurer's burden

It takes such a man to put through, as treasurer of a professional body with compulsory membership, the increases in retention fee of recent years. Provision for inflation may be accepted by all, but provision for legal battles—some have said "adventures"—lost, for new buildings, and the like, are calculated to arouse sharp reaction. And it must have been in the mind of many a Council member to thank his stars that at annual meetings there was a man of Mr Steinman's calibre to face the critics on behalf of the whole Council.

Twenty-five years is a long time in the recent history of the pharmaceutical profession. Much has changed, and leadership has sometimes been at a premium. But when Miss Burr and Mr Steinman make way for new blood, let those who follow strive to contribute as much. Meanwhile, we know that both will continue to serve their profession, inside and outside the Council chamber.

## BOOKS

**International Nonproprietary Names for Pharmaceutical Substances. Cumulative List No. 3, 1971.** *World Health Organisation.* Available from HM Stationery Office, PO Box 569, London SE1 9NH. 9½ × 6½ in. Pp 189. £2.40.

The third cumulative list of proposed international nonproprietary names comprises 2,733 names published between 1953 and 1971 in the *WHO Chronicle*.

They are given in both English and Latin forms and are accompanied by the systematic chemical names and molecular formulae. Descriptions are applied to certain antibiotics and other substances whose chemical composition has not yet been established.

A new feature is the inclusion of an

index of molecular formulae, which enables the name of a substance to be traced from a knowledge of its formula.

The rules of procedure for the selection of international names for pharmaceutical substances and the principles for devising such names are given in an annex.

**The Drug Makers.** William Breckon. *Eyre Methuen Ltd*, 11 Fetter Lane, London EC4P 4EE. Pp 222. £3.50.

Mr Breckon, previously science and medical correspondent of the *Daily Mail* and now editor of *Medical News-Tribune* has produced an easily readable account of the companies that make up the pharmaceutical industry in the UK.

The book is divided into three parts beginning with an historical background, the organisation—its growth and ownership and a chapter on how a drug is made.

The second part discusses prices and profits, advertising and promotions and

the safety factor. The final part describes the relationship between the pharmaceutical industry and doctors and the long "struggle" by the Government to see that "it is not being exploited by the manufacturers".

## SPORT

**Edinburgh Chemists' Golf Club.** Winner of the captain's prize at the Barnton outing was W. Watson (19) 67. Other results: Best Scratch, J. H. H. Groat 77; no 1 section: T. R. Johnson, (9) 73, F. J. Denholm (11) 73, T. Ewing (12) 73; no 2 section: M. Meehan (16) 69.

**South London and Surrey Pharmacists Golfing Society.** Played at Kingswood, the winner of the John Widdocks Memorial trophy was S. M. Hutchinson (12-2) 36. Second, Alex Reary (7-1) 34; third, Ron Hedges (8) 32. Winner of the Bobby Lock trophy was A. N. Smith (22) 32.



## INTERNATIONAL PHARMACY MANAGEMENT CONFERENCE

# White Paper on NHS reorganisation promised 'soon'

It is the intention shortly to issue a White Paper setting out decisions on many matters left uncertain in the consultative document on NHS reorganisation issued in 1971. This was stated by Mr Michael Alison, deputy secretary, Department of Health, in an address which he was to have given at the banquet of the International Pharmacy Management Conference held in Brighton last week.

Prevented from attending at the last minute because of Parliamentary duties his speech was read by Mr P. Benner, an under-secretary at the Department.

In his reference to the future pattern of the Health Service Mr Alison said there would still be uncertainties after the White Paper and some matters currently being considered would be the subject for guidance later. Others would be for decision by the new Authorities.

The study group considering detailed management arrangements of the new service was expected to make recommendations later in the year and when advice was issued it would be for the new authorities to decide exactly how it should be applied to their particular circumstances and needs.

One of the matters to which the Department was giving a good deal of attention and which would be discussed was the new professional advisory machinery.

"I can say that the new family practitioner committees will continue to need advice from the contracting professions as executive councils do now and we do not envisage many changes in the existing arrangements."

Earlier Mr Alison's speech admitted that change and adjustment to change were no strangers to the pharmaceutical world. Pharmacy in all its facets had been and would continue to be a major and honoured participant in the NHS.

## 'The third element'

Developments however were moving at an increasing pace and increasingly in industry, in the hospital and in general practice and it was recognised that a third element needed to be added to the combination of scientific excellence and professional standards.

"This third discipline was the need to ensure the efficient use of our resources. It is as necessary for the single pharmacist working in the community as it is for the giant Departments of State. Our use of resources, be they material, financial, or human, needs to be studied so the decision are well made on the basis of accurate information. In all areas there must be the pursuit of knowledge and we must recognise the value of those who promote and encourage that activity.

Your Institute had done much to deserve such recognition", he added.

On the international front Mr Alison said: "Health transcends national frontiers of State or status, so it is that the professions who are concerned in the fight against illness derive valuable experience from international co-operation and the exchange of ideas. I would be surprised if you have not discovered many things you have in common despite the wide range of your interests."

On the effects of joining the European Economic Community he said the Government had already lodged requests to be consulted about any directives concerning pharmacy before the Council of Ministers reached a decision on them.

## Economics of Irish pharmacy

For the Eastern part of the Republic of Ireland, April 1 saw the commencement of their National Health Service. Later in the year the Service is being extended to the remainder of the country.

Mr Michael Shannon who addressed the conference on "The Economics of Irish Pharmacy" said that the Republic had the lowest population per pharmacy in the whole of Europe. Before April 1 the figure was 1,600 and afterwards 2,500 because of the disappearance of the public dispensaries. For the UK he said the equivalent number was 3,700.

The new situation was that there were now about 1,200 pharmacies in Eire and 2,033 pharmacists on the Register. For the first time all dispensing would be carried out by pharmacists in their pharmacies. Pharmacists, he said, should aim for a salary from the practice of their profession of £4,000 at least, based on present money values and they should relate their fees and prices to figures which would not devalue their status.

The Government and Department of Health with the co-operation of the Pharmaceutical Society and interested bodies should think in terms of a planned pharmaceutical service while in some areas a subsidised service may be necessary.

"If we desire to uplift ourselves economically and professionally we should think in terms of 'Hours of Attendance' in our

Referring to health centres and group practices a proposal to restrict the automatic right of pharmacists to contract to provide NHS services was being considered by the Department.

Dr T. G. Booth in proposing the toast to the Department of Health said that because of the dependence of the retail pharmacist on his traditional source of income the Institute believed in providing a sound educational grounding in general management techniques particularly at postgraduate level. Such studies had spread to the undergraduate level in many schools of pharmacy and he hoped to see the day when a full syllabus was part of the curriculum of every school. "I would ask the Pharmaceutical Society to provide a forum for those teachers interested in the field in order to define the educational syllabus limits and to establish the subject as one in its own right."

Mr Desmond Lewis, secretary and registrar, Pharmaceutical Society of Great Britain, replied to a toast to the Society proposed by Mr H. W. Tomski.

With the forthcoming expansion of the European Economic Community, Britain had much to contribute to pharmacy in Europe said Mr Lewis in his reply. The British system had been copied in many countries overseas and he had heard no criticism of pharmacy as practised in those countries nor in Britain where 270 million prescriptions were dispensed every year.

pharmacies rather than 'Hours of Business' and we should at the same time rationalise our working hours," he said. If profits were proportionate to their extended hours of opening, "we would be a very highly paid profession."

He thought that the turnover of the average pharmacy was under £29,000.

From personal surveys carried out recently, he had established that some ancillary activities such as cosmetics and photographic, while boosting turnover did not give an adequate net profit return. The value of stock carried of those pro-



Mr M. Shannon



ducts tended to be high as compared with pharmaceuticals, but the latter provided a higher net profit.

The net profit from which personal income was derived was the important factor and tended to be low in relation to number of hours worked.

Health centres were still missing from the Irish scene but the evolution of "group medical practice" was creating problems. Some pharmacies had had a prescription "bonanza" because of the siting of their surgeries while some had been adversely affected. "I cannot yet accept that the health centre is good for the patient or the pharmacist," said Mr Shannon.

While some firms in the Irish industry accepted the value of pharmacists not all of them did. "Unless Irish and UK pharmacists recognise the value of proper training in management techniques, they will rarely be invited into the boardroom and will have to be content with employment at technical level," he said.

There was a grave danger that the expanding Health Services would be doctor orientated. "We hope to influence the Minister in the Hospital Pharmacy Sector by the greater utilisation of pharmacists at regional and other levels to ensure an efficient and economic hospital pharmaceutical service for our country. If the pharmaceutical industry in Ireland and the UK is to be called 'Pharmaceutical' and not 'Chemical' we must master the science of management."

#### Why 33½ per cent?

On the question of profits Mr Shannon said that in the old days the pharmacist made his own preparations and received a satisfactory financial return. "Today the drug manufacturers call the tune and say the pharmacist should receive 33½ per cent gross. I strongly urge pharmacists to break away from this estimate. How can any one equate the professional person supplying a medicine which only he may legally sell, with selling some cosmetic or photographic appliance at an equivalent rate of profit?" he asked. He suggested the dropping of retail prices where prescribed medicines and drugs were concerned. In any case one did not "retail" medicines as such since one must await a medical prescription. He suggested pricing as follows: Cost price and a fee related to the cost of the drug and time involved; by present standards the fee could range from £0.75 upwards. Medicines and tablets which could be sold across the counter by pharmacists should have a mark-up of approximately 100 per cent.

With such economic thinking the financial weakness which assailed the practice of pharmacy would take a forward step and the idea of professional pharmacy would not seem so impossible, he claimed.

He did not condemn ancillary activities as such, but he did not support their combination with the professional side of pharmacy and the use of their combined returns as the basis of remuneration for the pharmacist. "If our professional work is not adequate to give us sufficient financial remuneration, then we should not waste our time in the profession."

During question time Mr Shannon told members that a suggestion of a 5-mile



A group of conference visitors from outside the UK. From left: A. Valls Salvat, Spain; E. Lund-Jacobsen, Denmark; M. F. Broderick, Eire; S. A. Akinabi, Nigeria, R. F. Armbrust, Holland; Dr M. J. Huston, Canada; Professor R. F. Timoney, Eire; and R. Fyllingen, Norway

limit in which doctors did not dispense was cut down to 3-miles but all patients had the right to demand a prescription.

He believed in the physical separation of "peripheral merchandise" in a pharmacy from the dispensing side. Wherever possible this separation should be done, he said. Has there been any increase in doctor-dispensing asked Mr Mervyn Madge since the advent of a national health service and the closing down of public dispensaries? As the service only began in April and was so far confined to the East it was too early to say said Mr Shannon.

## Pharmacy in Europe

"Many of us are going to be drawing our state pensions before agreement is reached on a joint pharmaceutical approach in the Common Market said Mr Mervyn Madge after giving an address which traced the background to the community up to date. Earlier Mr Madge had said what at first glance seemed simple on the road to harmonisation, became more and more complex as examination of the problem proceeded and will become even more so with the entry of four more States. There were barriers to freedom of movement, of establishment, of the need for mutual recognition of qualification and educational standards, should there be control on opening, or complete freedom of commercial enterprise and exploitation?

It had taken roughly ten years to arrive at the rejected draft directives. Will the new entrants speed things or cause even greater delay? "The next decade could be one of great opportunities for pharmacy and the Common Market, and one of great dangers and perils. May the decisions—unfortunately they will not be

made by pharmacists—be the right ones," he said.

Sir Hugh Linstead who chaired the session said the word "harmonisation" had got to be reinterpreted even if the relevant part of the Rome Treaty was not altered. He thought that there would be only three things upon which the Council of Ministers would pronounce over the next two or three years. They might do it against the wishes of the pharmacists or, he hoped, with their approval. One was fairly simple the harmonisation of the approval of standards of medicines so that if a product was recognised in Germany it would be recognised in the other nine countries. All wanted this brought about. Then there was the mutual recognition of pharmacists. That is to say, life and medicines being the same value in all 10 countries a pharmacist who is qualified to save life in England is equally qualified to save life in Holland. Finally the Ministers may impose the right of a pharmacist to set up in business in another country.

Mr Armbrust, Holland, said that "the pharmacists will have to give in because they are not a big pressure group compared with the farmers say of France." Agreement would be a matter of political bargaining or expediency.

The existing pattern of pharmacy in several European countries was the subject of papers by pharmacists from the countries throughout the week. The Danish and Spanish systems have already been referred to (last week p652). Those for Holland, Norway and Sweden are mentioned on p 682.

□ Mr John Evans, senior director, Sangers Ltd, conducted a section of the delegates on a tour of inspection of the company's local branch warehouse. The warehouse, he said, was a typical example of other Sanger branches throughout the country. About 20,000 items were in stock most of the time.



## PHARMACY MANAGEMENT CONFERENCE

Continued from p 681

### Status of pharmacists in Holland

The Dutch pharmacist was looked on by the medical practitioner as his equal because of the longer training period he had to undergo before qualifying, said R. F. Armbrust, while addressing the Conference on recent developments in Dutch pharmacy.

Mr Armbrust said that meetings of doctors were arranged by a number of pharmacists at regular intervals, the pharmacists giving details of new medicines, their dosage, side effects and so on. Manufacturers were encouraged to channel this information to the pharmacist instead of sending representatives around all the doctors. He recalled that pharmacists had lost a lot of trade to the druggists in the early 1960s because "they did not like selling". The druggists multiplied in consequence and, backed by industry, they made strong representation to parliament to have the right to dispense.

This was overcome mainly by pressure from the wholesale association for pharmacists who said they would boycott those manufacturers who lent their support.

One of the big problems facing pharmacists in Holland today, said Mr Armbrust, was the rapid increase in students studying pharmacy. What was going to happen when they all qualified he was not able to predict. The factors behind the increase were that in 1940 there were 840 pharmacists and 60 students in a population of 8 million. In 1950 there were about the same number of pharmacists but only 24 students and a population of 10 million; while in 1960, 830 pharmacists, 24 students, and 12 million population.

During the latter years pharmacists were earning £8,000 or so, thus none wanted to buy a business. Consequently pharmacy owners due to retire found they had difficulty in selling their businesses.

The education authorities cut the period of study to 7 years (formerly up to 10 years), this brought in the extra demand for places at the universities and the present position where 1,020 are currently taking pharmacy and over 400 are expected to graduate within the next 3 years.

### Nationalisation in Sweden

One year after the Swedish pharmacies had been nationalised, pharmacists are satisfied with the progress, according to Ake Nohrlander, a Swedish accountant, who read a paper on the work and function of the Apoteksbolaget—the parent

body established to take over all the pharmacies in the country. He, however, admitted that the staff at its Stockholm headquarters was now 160, a rise of 60 on the year, but, he said, that reflected the growing service extended to the 630 pharmacies the organisation controlled.

About 1½ years ago, before the company was started, a "drastic reduction of 5-6 per cent was achieved in wholesale distribution costs with the introduction of a one-channel distribution. That is one wholesaler only distributes a particular medicine or drug. One of the company's wholesalers handles 45 per cent of all registered drugs sold in Sweden.

Pharmacy management was important and to keep them up to date about five or six branch managers gather together and are linked by a telecommunication system with a team of experts at head office. When writing the label for a prescription certain additional matter has to be incorporated. They are the code number for the drug, identity number of patient and number of doctor. All are also recorded separately and put into a computer to get statistical information on the usage of various medicines.

During the discussion Mr Sparshott asked if, as he understood it, salaries were based on turnover, was the company trying to stimulate sales of say cosmetics and other goods, as in Britain? Mr Nohrlander replied that salaries were based on the number of prescriptions dispensed but if the number went above the scale it did not mean an immediate rise for the pharmacist. Conversely if they went down their salary did not go down for a time. He agreed he would like to stimulate sales of other goods "wherever it is meaningful".

Points from replies to other questions included: Turnover per employee, £12,500 per year; population per pharmacy, 11,000; there is no doctor-dispensing; prescriptions dispensed, 40 million a year; and stock turnover, 10 times a year. The average turnover per pharmacy is £165,000.

### Pharmacy tax in Norway

The owner of a pharmacy in Norway may rely on getting a reasonable livelihood even if he is operating a pharmacy where the turnover is low or running costs high due to expensive premises, Reidar Fyllingen, an Oslo pharmacist, told the conference last week. That is because a "pharmacy tax" is imposed on owners of pharmacies and from this a subsidy is paid to the uneconomic shop. The tax varies according to turnover; businesses with turnover of £41,000 per year are exempt while those with up to £58,000 pay three per cent and up to seven per cent for turnover in excess of £81,000.

Approximately 35 per cent of the tax collected goes in subsidies. The tax may be a burden in those big businesses which have had to have extensive alterations to

premises or moved house, and in such circumstances the Ministry may waive part or the whole of the tax. The following table gives the pharmacy tax and profit in 1970.

Net turnover (£'000)	No. pharmacies	Profit before tax (£)	Tax (£)	Net profit (£)
Below 40	43	2,660	140	2,510
40-63	68	4,340	600	3,740
63-86	62	6,740	1,630	5,110
86-143	86	9,770	3,890	5,890
over 143	22	16,860	8,770	8,060

There are four pharmacy inspectors attached to the Ministry's pharmaceutical division. Unlike the Society's inspectors in Britain they investigate the economic as well as the professional operation of each pharmacy.

By value, pharmaceuticals make up 90 per cent of the pharmacist's sales; the remaining 10 per cent is cosmetics and surgical dressings combined.

Medicines prepared in the pharmacy accounted for 10.2 per cent of total turnover last year and nearly 30 per cent of proprietary medicines were produced in pharmacies.

For more than 40 years the Association of Norwegian Pharmacy Owners has encouraged pharmacies to maintain the production of their own pharmaceuticals—their philosophy: "Every pharmacy a producing unit". In the 1950s, however, scarcity of pharmacists made it difficult for even big pharmacies to maintain complete laboratory production, and small pharmacies found making small batches of tablets uneconomic. That began the "supply pharmacies"—who undertook to supply other pharmacies. Now their number is reduced to five and they produce 100 million of the 300 million tablets produced in Norway's pharmacies.

A factory, costing £7.4m, is to be built by the Association to take over present pharmacy production of standard preparations. Although projected two years ago it was only recently approved but was expected to be in production next year.

Dr Booth asked if the small population of Norway at four million was the reason for the lack of imports from abroad. Mr Fyllingen replied that many foreign companies had tried to get their products on the Norwegian register but if the same drug was already available there then there was no need to import more. Maybe when Norway joined the Common Market the frontiers would break down. It was their hope that manufacturers would decide that four million was too small a market to bother with.

The pharmaceutical wholesaler in Norway is already nationalised and this is entirely accepted by pharmacy owners who have found it "very favourable".

□ Quote of the week: "One must humbly acknowledge that it is a typically French feature to discover things and then not exploit the discovery"—J. Servier on Pharmaceutical Research in France.

□ In conjunction with the Conference a small exhibition was arranged featuring pharmacy fittings by Storeplan Ltd; the Turn-o-matic indicator; National Cash Register; and Avery personal weighing machines.



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# PROFESSIONAL NEWS

Pharmaceutical Society of  
Great Britain

## Council approves most of the EEC draft principles

The Council of the Pharmaceutical Society has given its backing to the EEC draft directive that would require a pharmacist to be the owner of the medicaments he supplies—but has drawn attention to "the existing position of general practice pharmacy in Britain".

At the May meeting of the Council the acceptance was recommended of the principles involved in the following six points included in the draft directive on the retail sale of medicinal products in the EEC. The points were included in the preamble to the draft directive which considered that it was appropriate for public health reasons to work with the EEC towards:

☐ Restricting to a retail pharmacist supply of medicaments to the public.

☐ To restrict the goods in which a pharmacist is authorised to trade in his pharmacy.

☐ To define the function that the retail pharmacist is qualified to perform by way of medical laboratory analysis.

☐ The pharmacist to be responsible for the quality of the medicinal products which he supplies without in any way removing the responsibilities which fall on the manufacturer.

☐ Responsibility for the proper keeping, conformity to specification, and legal requirements relating to medicaments.

☐ It is considered that full professional responsibility for the pharmacist is of such importance that he should at least be the owner of the medicaments he supplies and the apparatus and equipment that is in the pharmacy (there is an exception where the pharmacy is the property of a public authority or non-profit making co-operative institution where permitted by national legislation).

With regard to the last item, the reservation has been added that, although there is merit in that situation, the existing position of general practice pharmacy in Britain must be taken into consideration.

Council decided to back the Department of Health in opposing the draft directive on mutual recognition of qualifications and training. The Department proposed to take a common line in relation to all professions, and believed, with other departments, that an alternative approach to the whole problem should be discussed with the EEC.

The government department's letter had it in mind that it might be possible to set up a body consisting of suitably qualified representatives from the member states to act in an advisory capacity to the EEC and deal in particular with the question whether the resources and methods of teaching of particular universities or schools were satisfactory for general EEC recognition.

After debating at length the setting up of an EEC joint committee on which the Council of the Pharmaceutical Society of

Great Britain, the Council of the Pharmaceutical Society of Northern Ireland and the National Pharmaceutical Union Executive alone would be represented, with a view to settling necessary details about expert representation, it was recommended: "That the Council agree to the establishment of a joint groupement committee; that all bodies which have a right to representation on the joint groupement committee be members of that committee; and that the joint groupement committee be not established until the second point is ascertained."

It was also agreed to extend the Council's Committee on the European Economic Community to include a representative from the National Pharmaceutical Union, the Association of British Pharmaceutical Industry, Guild of Hospital Pharmacists, Company Chemists Association and the Proprietary Association of Great Britain.

The Council accepted an Education Committee recommendation that the revised degree of BSc in pharmacy (honours and ordinary), of the University of Manchester, should be approved for the purposes of registration as a pharmaceutical chemist.

## 'Non-corporate' membership

The Society's byelaws should make provision for both corporate membership (ie, members registered under the Pharmacy Acts) and non-corporate membership of the Society. That was agreed by the Organisation Committee after a lengthy discussion of changes in the byelaws recommended by the Byelaws Committee.

Further consideration would be given to the classes of corporate and non-corporate membership at the committee's next meeting.

The Council accepted a recommendation that pharmaceutical establishments in the Channel Islands and the Isle of Man should not be accepted for the purposes of pre-registration experience. It was pointed out that in addition to differences in law in those islands, the Society had no power to inspect premises there and the health service operated differed from that of Great Britain.

Approval was given to the format of a draft report form designed to give guidance to graduates on the way in which the report, which they would be required to submit at the end of a period of pre-

registration experience, should be set out.

It was recommended that 26 weeks of the full-time MSc in pharmacy (hospital pharmacy), Heriot-Watt University, should be approved for the purposes of the new pre-registration experience requirements.

Following the request that the Society should contribute literature to home safety to the RoSPA National Home Safety Conference 1972, it was agreed that a leaflet should be prepared featuring, particularly, the "Medicines with Respect" and Poisonous Plants slides and the willingness of pharmacists to participate in properly organised "don't hoard medicines" campaigns.

The Practice Committee reported that seventy-one pharmacists who were prospective members of the group for pharmacists engaged in industry had indicated their intention to be present at the group's inaugural meeting on May 16. In addition, 12 apologies for absence had been received.

## NHS reorganisation

A document on the suggested pharmaceutical advisory machinery in the new National Health Service administrative structure in England and Wales had been prepared. The Practice Committee recommended that the document should be submitted to the Welsh Office and to the Department of Social Security pointing out that the Central NHS Committee had approved the proposals and wished the document to be viewed as a joint submission from the Society and the committee.

It was agreed to hold a meeting of the Agricultural and Veterinary Practice Subcommittee, to consider, during the week commencing May 22, the question of retail outlets for veterinary medicinal products under the Medicines Act.

In a reply to a letter from the Society emphasising its concern about the need for early implementation of the Noel Hall recommendation in Wales, the Secretary of State for Wales had stated that the Welsh Office stood by the advice given to the Welsh Hospital Board, that priority should be given to the implementation of the Noel Hall report's recommendation.

The letter had added that any action undertaken by the Welsh Hospital Board would be continued by the Welsh office after the reorganisation of the NHS structure in 1974. The Council agreed that a letter should be sent to the Welsh Hospital Board quoting that reply and urging that a Welsh Hospital Board pharmacist should be appointed and that copies of the letter should be sent to the Secretary of State for Wales and to the Guild of Hospital Pharmacists.

Council also agreed that the maximum term of office for the chairmen of Standing Committees could be three years, except for the Finance and General Purposes Committee.



# Answer on limitation within three months, NI Society told

Following the discussion held by the Pharmaceutical Society of Northern Ireland and officials from the Ministry of Health and Social Services about limitation of contract and realisation of the pharmaceutical service it is expected that the Ministry would be able to give an answer within three months.

This was learnt at the April meeting of the Society's Council, and the secretary was instructed to inquire if the Ministry had any further information about the items to be included in the sales lists being issued under the Medicines Act 1968.

The Ministry of Home Affairs wrote stating that the Minister had approved the appointment of Professor P. F. D'Arcy as examiner in Pharmaceutics and Pharmacology for the 1972 examination of the Society.

Arising out of correspondence from the Local Pharmaceutical Committee, the Council agreed to approve the draft Standard Conditions and Financial Arrangements for health centre pharmacies. It was also agreed to support the suggestion that an attempt should be made to hold a meeting of representatives of the Council, Local Pharmaceutical Committee and the Ulster Chemists' Association, with a view to looking at the functions of the Central Pharmaceutical Advisory Committee to be set up under the scheme for restructuring the personal health and personal social services.

Mr W. T. Hunter (president) pointed out that membership of the Committee could not be completed until the nominations to it were made by the various area boards, but he felt that some useful work might be undertaken before the new scheme was introduced.

The secretary reported that he had been informed by the Ministry of Health and Social Services that arrangements for the introduction of NP labelling had now been made.

## Commonwealth Association

Mr Kerr submitted a written report on the Commonwealth Pharmaceutical Association's Conference, held in Melbourne in February 1972. He said that member countries had been asked to increase their annual subscription, to appoint the representative for the next five-year period and to nominate the person to assist the correspondence delegate. It had also been agreed to permit individual membership of the Association at a nominal fee. It was agreed that Mr Kerr be appointed the Society's representative for the next period and that the Finance Committee should consider the increase in the annual subscription to the Association.

It was also agreed that members of the Society should be encouraged to become individual members and thereby receive a copy of the Association's newsletter.

Mr McIntyre said he was experiencing considerable difficulty at weekends, in that he had numerous requests from patients who were unable to obtain prescriptions. He was frequently asked to supply a

sufficient quantity of scheduled poisons, to see the patient through until a prescription could be obtained from the doctor. After a lengthy discussion, it was agreed to refer the matter to the Ethical Committee.

Mr Kerr said a teaching health centre was being considered on a site adjacent to the Medical Biology Centre, Lisburn Road, and asked if the Council considered that pharmacy should have some contact with the centre. He explained that a meeting of chemist contractors affected by the movement of doctors would be held early in May. After discussion, it was agreed

## LETTERS

### Wider views

National Pharmaceutical Union members might be encouraged to take on post-graduate students if the NPU could provide more "head office" training facilities.

The average member can only provide experience and outlook from one shop; by sending a student to Mallinson House for a short "head office" course the student's views would be widened making him more useful to his future employers (and eventually to the NPU membership if he chose to "go it alone" later). Also, what he learnt at Mallinson House would filter into the pharmacy where he was training showing some return on the £400 difference between a dispensing assistant and a student.

Andrew Bond  
Glastonbury  
Somerset

### Emergency service

In view of the recent interest in arrangements for the dispensing of urgent prescriptions outside normal working and rota hours, I would like to inform you of the scheme arranged by the Cardiff Pharmaceutical Committee and Local Medical Committee with the full co-operation of the local constabulary:—

☐ The local pharmacists were circularised and those wishing to partake in the scheme were asked to submit their name, address of pharmacy and private telephone number where appropriate.

☐ Each local police station was supplied with this list.

☐ Any person requiring an urgent

that the Council would consider the matter at their next meeting.

Also present were Dr R. G. R. Bacon, Professor P. F. D'Arcy, Mrs C. B. A. Watson, and Messrs T. A. Gray, W. H. Boyd, J. A. Boyle, J. Chambers, B.Sc., G. W. E. Dennison, T. G. Eakin, T. M. Glass, G. E. McIlhagger and J. Paul.

### Council dinner

The president and members of the Council of the Pharmaceutical Society of Northern Ireland held a dinner in the Culloden Hotel, Holywood, on Wednesday, May 3. The guests included Mr J. MacLean, chairman of the Scottish Executive of the Pharmaceutical Society of Great Britain, and Mrs MacLean, Mr J. Allison Corkey, president of the Northern Ireland branch of the British Medical Association, and Mrs Corkey, Mr T. W. Creswell, president of the Ulster Chemists' Association, and Mrs Creswell, Mr W. S. Hall, chairman of the Local Pharmaceutical Committee, and Mr C. S. Ritchie, secretary of the Ulster Chemists' Association, and Mrs Ritchie.

prescription can contact their local police station who will contact, by telephone, one of the chemists on this list.

☐ Arrangements are made for a police constable to be in attendance at the pharmacy while the prescription is being made up.

This arrangement has been in operation for several months and up to the present has worked smoothly.

We are very grateful to the local constabulary for their co-operation without which the scheme would not function.

The local BMA deputising service is also in possession of this list.

David G. Burt  
assistant secretary  
Cardiff Pharmaceutical Committee

### Rural problems

The Norfolk Pharmaceutical Committee note with interest that only six of the candidates for Council election—Messrs Howells, Maddock, Robinson, Sharpe, Worby and Youings—mention the problem of rural doctor dispensing in their election statements. A few years back nearly all mentioned it—but we have seen no progress whatever—indeed the problems have grown worse. What use is there in talking of a planned pharmaceutical service if as soon as a patient becomes more than a mile from a pharmacy the doctors step in and dispense? And don't assume this only happens in the depths of the country, it is happening in and around towns as well!

Unless agreement is reached now with the minister and the doctors, there will be no rural problems—there will be no rural pharmacies!

Can we ask our city colleagues to bear in mind the candidates' attitude to rural dispensing when giving their votes.

D. L. Coleman  
honorary secretary  
Norfolk Pharmaceutical Committee  
Norwich



# The changing role of Irish pharmacists

"The Changing Role of the Pharmacist" was the title chosen by Professor R. F. Timoney, Dean of the College of Pharmacy, Dublin, for the inaugural Kevin Whelehan Lecture, which, it is hoped, will be an annual event to perpetuate the memory of the late Mr Whelehan who was President of the Pharmaceutical Society of Ireland from 1945 to 1947.

Held in the College of Pharmacy, on April 20, the lecture attracted a capacity gathering of people from the medical, pharmaceutical and industrial life. They were guests of the Whelehan family.

Professor Timoney said that despite the fact that the Republic lacked the resources available to their professional colleagues in larger, more prosperous countries, they could be justly proud of the achievements of Irish pharmacists in meeting the challenges which changes in drug therapy had posed.

He pointed out that the proposal, in the EEC, to confine medicines to supply by pharmacists only, would be welcomed for professional reasons by members of the profession.

The directive made the community pharmacist the last link between the manufacturer and the consumer. It was not yet clear how pharmacists would be required to discharge their responsibilities in regard to quality control of medicines supplied by them, and in due course the Council of the Pharmaceutical Society would have to consider means to enable members of the Society to fulfil these responsibilities.

Professor Timoney said that the limitation of the range of merchandise other than medicines which might be sold in pharmacies would also contribute to the transformation of the practice of community pharmacy to a full-time professional basis. This would be important not only to those within the profession, but the impact of this change on the medical profession and on the general public should certainly improve the status of the pharmacist in the community.

## Laboratory analysis

He suggested that the proposal in the directive to define the range of medical laboratory analysis which the pharmacist was deemed competent to undertake, would evoke a favourable response from many members of the profession who considered that a useful public service could be provided by pharmacists in this area. In many country districts it would be convenient and economical for much of the diagnostic analysis to be done by a pharmacist.

The modern pharmacy graduate with his theoretical background and his training in analytical and microbiological techniques was competent to undertake the relatively simple testing required. The older pharmacist wishing to participate in such a scheme would require a re-training course which could be organised in the College of Pharmacy by the Post-Graduate Study Group.

Professor Timoney considered that the community pharmacist should be informed

on drug interactions so that he could provide a service to the doctors in his area in this important field.

Turning to industry, he said the opportunities for pharmacists were many and they, in turn, had much to contribute to the further growth and development of the industry. Graduate pharmacists had received courses in pharmaceutical sciences which enabled them to undertake and competently discharge responsibilities in key positions within the industry. Pharmacy students received a training in quality control methods in the pharmaceutical chemistry and pharmacognosy courses designed to meet current practices in pharmaceutical analysis.

## Quality control

Professor Timoney said it was pleasing to record that a number of their graduates were employed in quality control laboratories in the pharmaceutical industry and they hoped that, with the continued expansion of the industry in Ireland, an increasing number of pharmacists would be required in this field.

The pharmacist, with his knowledge of pharmacology, pharmaceuticals, pharmaceutical chemistry and forensic pharmacy, was clearly fitted for the functions of a technical and professional service officer, and the appointment of pharmacists to such positions in pharmaceutical industries in many countries, including Ireland, was a recognition of their suitability in this important division of the industry.

Professor Timoney recalled that since 1964, a total of 157 had obtained the B.Sc.(Pharm.) degree, and 17 per cent of these were now employed in various divisions of the pharmaceutical industry. He was confident that the proportion of pharmacists in industry would rise in the next decade and that the industrial pharmacist would play a vital role in the continuing development of the pharmaceutical industry in the Republic.

It was very gratifying that facilities for higher degrees in pharmaceutical subjects were now available with the University, thus bringing to parity with medicine, veterinary medicine and other professions the educational opportunities available within pharmacy.

The Professor said that in his opinion recommendations for the future planning of the hospital pharmaceutical services should be made by pharmacists—in particular those who had had experience of hospital pharmacy. This matter was in fact under urgent consideration by the Council of the Pharmaceutical Society of Ireland in close association with the Hospital Pharmacists' Association, and it was proposed to submit to the Minister for Health comprehensive recommendations

for the reorganisation and future development of the pharmaceutical services in hospitals in which the scientific and professional capabilities of pharmacists were utilised in the most effective way in the public interest.

Stating that the conception of clinical pharmacology as a subject rooted in both clinical practice and laboratory work involving graduates in several disciplines had been generally accepted, Professor Timoney added that he believed the pharmacist could make an essential contribution to the clinical pharmacology team.

He hoped that the potential and real value of a graduate pharmacist as a member of a clinical pharmacology team would be recognised when such teams were appointed in some Irish hospitals.

To provide appropriate leadership in developing these aspects of pharmaceutical services, Professor Timoney thought that the Hospital Pharmacists' Association should be prepared to identify and characterise the dimensions of such services to the hospital authorities and to appraise allied health professions of their determination to participate fully as members of an inter-professional team in the interests of ensuring maximum benefits of drug therapy in patient care. He had no doubt the Council would encourage and support the Hospital Pharmacists' Association in their efforts to obtain acceptance of the new roles which they were prepared to undertake, particularly by providing, through the Post-Graduate Education Committee, any necessary revision or extension courses for those who qualified prior to the degree course.

Professor Timoney added that a comparison of the distribution of prescriptions between extemporaneous and manufactured products in a Dublin suburban pharmacy showed that within a selected period in February, 1946, 34 per cent of the prescriptions were for manufactured preparations, whereas in the corresponding period this year 96 per cent were for ethical preparations (almost all tablets).

The formulation of drugs for oral, parenteral and topical use had now been almost completely taken over by the pharmaceutical industry. It had been estimated recently that in the Republic approximately 11,000 drug products were being marketed.

The virtual disappearance of the need for the exercise of knowledge and skill in the compounding of medicines for individual patients, coupled with the emergence of a multiplicity of highly specific formulated and standardised chemotherapeutic agents, had altered the professional functions of the pharmacist in general practise.

The spread of "one-stop" shopping had made serious inroads into the traditional chemists' lines which had for so long subsidised the professional functions of pharmacists. The implementation of the new health services, involving the abolition of the dispensary system, would ensure that the dispensing of medicines which had hitherto been provided by the dispensaries, would be done by community pharmacies.



# NPU members debate the pros and cons of a 24-hour pharmacy service

Is a 24-hour pharmaceutical service really necessary? Yes, according to Mr. R. G. Worby; no, according to Mr D. N. Sharpe, both members of the National Pharmaceutical Union Executive.

Speaking at a Mallinson House "open day" for South London members, Mr Worby maintained this was a responsibility pharmacists should accept, and he believed it was well within their power to provide planned central services—as did doctors—to cover the whole of each area for the full 24-hour period, seven days a week.

Sometimes pharmacists claimed they had too little control of their own destinies or of the actions of their colleagues, but unless and until they made it clear to the public at large that they were capable of providing, and would provide, a comprehensive service neither the public nor the Government would accord to them the status, or statutory powers, that they sought and deserved.

## 'Pull together'

Mr Worby had some harsh words to say about "leap froggers" and "rota breakers" and felt that there should be more willingness to pull together to provide a reliable after-hours service for those in need.

Mr Sharpe, on the other hand, argued that there would be little need for a 24-hour service if there were sufficient numbers of pharmacies willing to provide late evening services. He could not accept Mr Worby's description of such pharmacies as "casual openers" since it would certainly not be in a pharmacist's business interests—let alone his professional interests—to be erratic in the late service he gave, once the local populace knew he had committed himself to those hours on a regular basis.

Mr D. Jones, Hertford, asked how Mr Worby "squared" his professional attitudes with his involvement in the activities of NPU marketing. He objected to the rota breaker or late opener because they only provided the service while it remained profitable. Mr Worby explained that he was not at present advocating the extreme step of running purely professional businesses since it was generally an economic necessity to offer the public appropriate traditional lines alongside medicines. Many pharmacists had however gone much too far with non-traditional lines and he was advocating an intelligent shrinking of the merchandise over a period to fall within more reasonable professional limits. Only thus could pharmacists avoid becoming labelled as just another kind of shop-keeper.

Mr Sharpe felt Mr Jones was taking too narrow a view of the late opener. In his experience it was economically possible to provide the public with a longer daily period of prescription service. He adduced calculations showing that, even with the employment of an additional

pharmacist, it was possible, at least, to recoup the additional expenses incurred in a typical three-hour evening period by dispensing about thirty prescription items and taking £30 over the counter. The provision of such an after-hours service not only increased the regard in which the pharmacist was held among the local community, but also made sound business sense.

There might not be much opposition to people providing this kind of late service, thought Mr N. S. Johnson, Wimbledon, if they closed during the normal rota hour so that those on the official rota would not lose money.

Mr Worby said he could argue a case for fewer pharmacies doing a two-or three-hour rota period (allowing patients travelling time to get to the area after attending a distant surgery) rather than many pharmacies all opening for a single hour; a longer period of local opening could be a great convenience to patients who might otherwise have to travel to central London.

## Access to advice

Mr B. Holmes, Coulsdon, wondered whether doctors wrote many prescriptions after evening surgery hours, but Mr Worby believed that it was not only to have prescriptions dispensed that the public needed a limited after-hours service. They needed access to a pharmacist for advice and possible counter prescribing during the evening. Such a service must however be subject to satisfactory remuneration being negotiated and adequate control of all late openers.

Mr H. B. Coulson, NPU treasurer, felt that members should not be deluded into thinking that if they voluntarily gave up the sales of their traditional non-merchandise, which currently accounted for 40 per cent of their turnover, the Government would compensate them for it. Mr Worby interposed that pharmacists would have to demonstrate their determination and ability to provide the total pharmaceutical service before they could expect to be paid sufficiently to enable them to complete the rationalisation of their retailing activities. The appointment of a publicity officer to bring the public over on to the pharmacists' side was an excellent start.

Mr J. Wright, director, NPU, promised to put to the next meeting of the Chemist Contractors Committee a plea from Mr A. R. Miles, Ewell, that the payments made for providing the oxygen therapy service should be shown quite separately from those applicable to dispensing.

Mr L. A. Vaughan, Hemel Hempstead, registered dissatisfaction with the disappearance of the name and address panel

from the NPUM prescription bags, to which Mr Wright replied that the matter would be corrected. Mr Holmes also complained about the bags not corresponding to the new metric sizes and that a larger size was needed to take a 500-ml bottle together with a container of 100 tablets. The smallest bag was not nearly small enough.

Mr Sharpe said it was not generally known that the NPU was second only to Marks & Spencer in the number of bags purchased each year and this imposed restrictions on the choice of supplier; continuity of deliveries was a most important factor. Mr Sharpe also answered a comment about the packing of NPUM methylated spirits by explaining that a suitable plastic ribbed container was still being sought.

Mr A. Aldington, the other platform speaker, dealt with the benefits of NPU services.

## COMING EVENTS

### Monday, May 15

**South Shields Branch, National Pharmaceutical Union**, Sea Hotel, South Shields, at 8pm. Annual meeting.

### Tuesday, May 16

**Epsom, Sutton Branch, National Pharmaceutical Union**, Spreadeagle Hotel, Epsom, at 8pm. Annual meeting and talk by Mr R. G. Worby on "The future pattern of pharmacy—trade or profession?"

### Wednesday, May 17

**Pharmaceutical Society of Great Britain**, Connaught Rooms, Great Queen Street, London WC2, at 7.30pm. Annual meeting.

### Friday, May 19

**Society of Chemical Industry**, Belgrave Square, London, SW1, at 7pm. Conversation.

## New officers

### Pharmacists' Associations

**Enfield**. President, D. J. Kay; vice-president, Mrs D. A. Wade; treasurer, R. E. Salmon; secretary, F. R. Bayford, 21 Canonbury Road, Enfield, Middlesex.

### Pharmaceutical Society

**Bedfordshire Branch**. Chairman, R. S. Orkney; vice-chairman, S. E. Morgan; treasurer, R. B. King; programme secretary, C. A. E. Spriggs, 3 Brook Street, Hitchin, Herts.

**Bolton Branch**: Chairman, J. Entwistle; vice-chairman, F. Massey; treasurer, J. H. Bridge; secretary, Mrs M. J. Rothwell, 8 Moss Drive, Horwich, Bolton BL6 6QU.

**Sheffield Branch**. Chairman, K. Larder; vice-chairman, W. V. Burton; secretary, W. F. Patterson, "Galen Croft", The Green, Curbar, Calver, Sheffield S30 1YH.

### Pharmaceutical Committees

**Middlesex**. Chairman, A. King; vice-chairman, J. W. Kitchener; treasurer, G. D. M. Lavin; secretary, J. Anderson Stewart, 158 Kentish Town Road, London NW5 2DE.

**London**. Chairman, S. Blum; vice-chairman, A. D. Vaughan; secretary, E. Weyman, 34 Cursitor Street, London EC4A 1LT.



# MARKET NEWS

## Chinese menthol short on spot

London, May 10: Supplies of Chinese menthol have dried up on the spot. Prices over the last six months have eased back by £1 kg consequently there has been little incentive for the merchants to re-order. Meanwhile there are stocks of Brazilian material freely available. In balsams Canada and Peru were easier. Also lower were dandelion and gentian roots and ipecacuanha. Among essential oils Chinese peppermint was unquoted on the spot. Petitgrain was increased in both positions.

### Pharmaceutical chemicals

**Acetic acid:** In 12-ton lots, delivered, per metric ton, BPC glacial £87.50; 90.5 per cent technical £81; 80 per cent grades pure £76.50; technical £69.50.

**Acetomenaphthone:** 100-kg lots £5.62½ kg.

**Alcohol:** (Per proof gal). Ethyl, fermentation in 2,500 bulk gal lots—SVR doubly rectified 96.1 per cent £0.303; absolute 99.9 per cent £0.315. In drums 900 gal minimum respective prices are £0.317, £0.329; Synthetic grades are 96 per cent, £0.233 and 99.9 per cent, £0.245 in tank wagon; £0.247 and £0.259 in drums for 900-bulk gal; industrial grade 95 per cent £0.164 in bulk and £0.178 in drums.

**Ascorbic acid:** £2.36 kg; 5-kg £2.33 kg; sodium ascorbate plus £0.23; coated plus £0.10.

**Benzoic acid:** One-metric ton lots £30.42 kg.

**Borax:** BP grades, per metric ton, in paper bags

delivered: granular £75, crystals £100; powder £82; extra fine powder £86. Technical grades less £20 per ton.

**Boric acid:** BP grade per metric ton: granular £99; crystals £140; powder £110; extra-fine powder £114 in paper bags, carriage paid. Technical is £20 per 1,000 kg less than BP grades.

**Calcium carbonate:** BP precipitated £49 per 10,000 kg.

**Calcium gluconate:** 250-kg lots £0.63 kg.

**Calcium lactate:** 250-kg £412 per metric ton.

**Calcium pantothenate:** £5.23 kg; 25-kg, £5.18 kg.

**Calcium sodium lactate:** metric ton. £709 for 50-kg lots.

**Carotene:** Suspension 20 per cent £16.73 kg.

**Citric acid:** BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.

**Cyanocobalamin:** up to 200-g lots £2 per g.

**Ether:** Anaesthetic BP—2-litre bottles £0.87 each for under 350 litres; £0.81 for over 350 litres; 32-kg drums £0.41 kg for 500-kg lots. Solvent BP —per metric ton in drums from £294 for 500-kg lots in 16-kg drums down to £266 in 130-kg drums; 250-kg from £304 to £276.

**Folic acid:** 1-kg £32; 50-kg £28.29.

**Gallic acid:** 1,000-kg lots £1.62 kg.

**Hydroxocobalamin:** £5.25 per g.

**Lactic acid:** £570 metric ton for 50-kg lots.

**Methylated spirits:** In 45-gal drums minimum 900 gal, delivered, industrial 66 op £0.308 per bulk gal; perfumery quality £0.359; mineralised 64 op, £0.322. In tank wagon, 2,500-gal, the rates are: £0.308, £0.359, and £0.30 respectively.

**Nicotinamide:** (Per kg) 1-kg £2.12; 25-kg £2.07 50-kg £2.02.

**Nicotinic acid:** (Per kg) 1 kg £1.93; 50-kg £1.83.

**Oleic acid:** BP is £206.70 per metric ton delivered.

**Oxalic acid:** 20-ton lots about £170 metric ton.

**DPanthenol:** £9 kg; 5-kg £8.50 kg.

**Pyridoxine:** £4.50 kg; 5-kg £4.47kg.

**Pyrogalllic acid:** Pure 500-kg lots £4.73 kg.

**Riboflavin:** £13.35 kg; 5-kg lots £13.32 kg.

**Salicylic acid:** per metric ton 5-ton lots £405; 1-ton £425; 250-kg £470.

**Stilboestrol:** BP in 25-kilo lots £33 kg.

**Tannic acid:** 500-kg fluffly £1.35 kg; powder £1.33.

**Tartaric acid:** (Per metric ton) 50-kg lots £422; 250-kg £417; £408 ton.

**Thiamine:** Hydrochloride and nitrate £7.55 kg; 5-kg £7.52 kg; 25-kg £7.50.

**Vitamin A:** Oily 1 m iu per g £6.68 kg; 5 kg £6.58 kg; dried acetate 325,000 iu per g £3.48 kg; 500,000 iu, £4.55.

**Vitamin D:** Powder for tableting 850,000 iu per g, £17.81 kg; 5-kg £17.75 kg.

**Vitamin E:** (per kg) £7.15; 5-kg lots £7.05; 25 per cent dry powder £4.81 and £4.71 respectively; 50 per cent, £5.35 and £5.25.

### Crude drugs

**Balsams:** (lb) **Canada:** £1.80 spot; shipment £1.75 cif. **Copaiba:** BPC £0.50; Para £0.40. **Peru:** £1.1. £0.95, cif. **Tulo:** BP £0.70.

**Cherry bark:** Nominal spot and forward.

**Dandelion:** Root £4.20 metric ton spot; £3.95, cif.

**Gentian:** Root £4.20 per metric ton spot; £4.05, cif.

**Ginger:** (ton) **Cochin** £210, cif. **Jamaican** No. 3 £1,050 spot; £850, cif. **Nigerian** split £185 spot, £175 cif; peeled £300 spot; £270, cif. **Sierra Leone**, £240, cif.

**Gums:** **Acacia:** Kordofan cleaned sorts £295 metric ton spot; £265 cif. **Karaya:** No. 2 faq £460 cwt spot. **Tragacanth:** No. 1 spot £270, No. 2 £230.

**Henbane:** Niger nominal spot and cif.

**Honey:** (ton) **Australian** light amber £252; medium £240. **Canadian** £290. **Mexican** £246. **Chinese** £190.

**Ipecacuanha:** (per lb) **Matto Grosso** £2.55 spot; £2.45, cif. **Costa Rican** £2.25 spot; £2.10 cif.

**Jalap:** Mexican tubers £2 kg spot; £1.95, cif.

**Pepper:** (ton) **Sarawak** black £360 spot; £310, cif; white £475; £440, cif.

**Waxes:** (ton) **Bees' Dar-es-Salaam**, spot nominal. £595, cif; **Candelilla:** £570; £530, cif. **Carnauba:** fatty-grey £375, £335, cif prime yellow £725 spot; £665, cif.

### Essential oils

**Cinnamon:** Ceylon leaf £1.45 spot, £1.38 cif, Seychelles leaf rectified £3, cif. English distilled bark £88.

**Peppermint:** (per kg) **Arvensis** Chinese. Spot unobtainable; £2.30 cif. **Brazilian** £1.62 spot; May-June £1.55, cif. **American** Piperata from £3.85.

**Petitgrain:** £3 spot; £2.85, cif.

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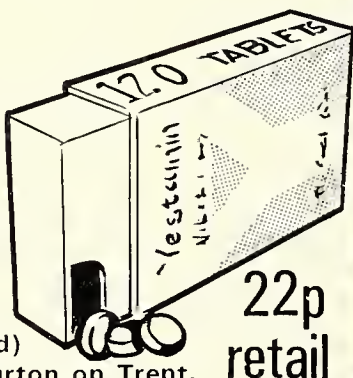
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(Basic Grade)

(scale £1,431 - £1,797)

required for Barnsley Group of six Hospitals. Expanding Department to be established upon completion of Phase II. Barnsley District General Hospital (800 beds) 1974/75.

Enquiries from prospective applicants welcomed by Group Chief Pharmacist, (G. Hodgson) at Beckett Hospital (Telephone Barnsley 2242) or alternatively candidates may write to Group Secretary, 118 Gawber Road, Barnsley, giving personal details and relevant previous experience, qualifications, etc., together with the names and addresses of two referees, and quoting reference KA.631.

ST BARTHOLOMEW'S Hospital, EC1. PHARMACY TECHNICIAN. Capable, responsible, technician required for busy department. Initial experience in all sections of the department with subsequent specialisation and possible promotion to Senior Technician for suitably qualified applicant. Hostel accommodation in the West End may be available. Whitley Council rates of pay. Further details available from the Chief Pharmacist.

BARNET GENERAL HOSPITAL,  
Wellhouse Lane, Barnet, Herts.

#### Pharmacy Technician

Whitley Council Salary. Apply Group Pharmacist.

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Full or Part-Time Pharmacy Technician required for Willesborough Hospital, Ashford, Kent. Salary according to National scale. Applications to the Hospital Secretary, Ashford Hospital, Ashford, Kent.

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Applications are invited for

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(category i)

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### THE SCHOOL OF PHARMACY UNIVERSITY OF LONDON SENIOR LECTURER IN PHARMACEUTICS

Applications are invited from suitably qualified persons, who should hold a higher degree and who should have taught Pharmaceutics to honours degree level. They should also have had appropriate research experience in bio-pharmaceutics or physical pharmaceutics, and in the supervision of research students. Salary in the range of £3,321 to £4,734 per annum by annual increments, plus London Allowance of £162 per annum. Applications in the form of a letter accompanied by a curriculum vitae, should be sent by 26th May 1972 to the Clerk to the Council, The School of Pharmacy, 29/39 Brunswick Square, London, W.C.1, from whom further particulars may be obtained.

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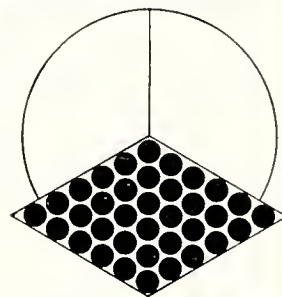
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